FUND REQUEST FORM

Title (please limit to 30 characters): ____________________________________________________

Fund Manager: ______________________________________________________________________

Other Individuals requiring access: ______________________________________________________

Expected Completion Date: _____________________________________________________________

Description/Purpose of fund (Distinguish from other existing funds):

Please include any relevant contracts or letters with this request.

Sources of Funding (be specific): _______________________________________________________

Amount: ____________________________________________________________________________

Types of Expenses:

If the account should end in a deficit, the deficit should be funded from (if different from above):

Fund No: _________ Fund Name: ____________________________

Printed Name of Requester: ____________________________ Phone: _________________________

Signature of Requester: ____________________________ Date: _____________________________

Dean/Vice President’s Signature: ____________________________ Date: ______________________

Submit to Controller’s Office to Finalize