

Request for Designated Fund Establishment

Requested Fund Name: _____ (limit 30 characters)

Responsible Department: _____

Department Head: _____

Contact Name: _____

Contact e-mail Address: _____

Campus Address: _____

Mail Stop: _____

Responsible Vice President: _____

Default Org Code/Org Name: _____

Describe the purpose of this fund:

Identify sources of expected revenue:

Approved: Department Head _____ Date: _____

Approved: Dean/Director _____ Date: _____

Approved: Vice President _____ Date: _____

Controller's Office Use Only
_____ Entered on Fund Table
_____ Entered on VP Table

Controller's Office – Financial Reporting
Mail Stop 9602
(662) 325-1747