



Fund Request/Change Form

Check Box for Desired Action:

Open New Fund

Change Existing Fund*

*** Fund Number:**

Close Existing Fund*

Type of Fund:

General Unrestricted (1)

Designated (2)

Sponsored Programs (3) **

Fund Attributes:**Deposit of Funds *****

Vice President/Provost:

Division:

Fund Description/Purpose:

Telephone #:

Org. Code:

VP Code:

Div. Code:

Comments/Special Instructions:

(ATTACH ADDITIONAL SHEET(S) IF NEEDED)

**Sponsored Programs Fund Number for Continuing Projects (if applicable):

***List all account codes to which funds will be deposited (required for TouchNet web deposits)

Fund Start Date:

Fund End Date:

Financial Summary:(ATTACH A BUDGET REVISION FOR SPONSORED PROGRAMS AND GENERAL UNRESTRICTED FUNDS)

Source of Funds/Revenue:

Expected Annual Level of Revenue:

Expected Annual Level of Expend.:

User Optional Account Codes:Code Description (MAX 20 CHARACTERS)Code Description (MAX 20 CHARACTERS)**Approvals:**

Date

Date

Date

Date

Date

Date

Designee #1
FinServ 04/05