

Request for Designated Fund Establishment

Requested Fund Name: _____ (limit 30 characters)

Responsible Department: _____

Department Head: _____

Contact Name: _____

Campus Address: _____

Mail Stop: _____

Responsible Vice President: _____

Default Org Code/Org Name: _____

Describe the purpose of this fund:

Identify sources of expected revenue:

Total Annual Budget: _____

Approved: Department Head _____ Date: _____

_____ Date: _____

Approved: Vice President: _____ Date: _____

Comptroller's Office Use Only
___ Entered on Fund Table
___ Entere on VP Table