

Business and Finance Division

SAINT LOUIS UNIVERSITY

Fund Request/Change Form

Check Box for Desired Action:
*** Fund Number:** _____

 Open New Fund

 Change Existing Fund*

 Close Existing Fund*

Type of Fund:
 General Unrestricted (1)

 Designated (2)

 Sponsored Programs (3) **

 Restricted (4)

 UMG (8)

 Agency (9)

Fund Attributes:
 Deposit of Funds ***

Proposed Fund Title: _____

(MAX 80 CHARACTERS)

Fund Administrator/PI: _____

Short Fund Title: _____

(MAX 20 CHARACTERS)

Designee #1 (AUTHORIZED SIGNERS): _____

Designee #2: _____

Building/Room #: _____

Telephone #: _____

Organization: _____

Org. Code: _____

Vice President/Provost: _____

VP Code: _____

Division: _____

Div. Code: _____

Fund Description/Purpose: _____

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:

Fund Administrator

Date

Department Head

Date

Dean/Division Head

Date

Vice President/Provost

Date

Designee #1

Date

Designee #2

Date