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) **

Fund Attributes:

                                                                             Deposit of Funds ***

                                                                 Telephone #:

                                                                 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:

	Date		Date
	Date		Date
Designee #1	Date		Date