

# Fund Request (Change) Form

Please answer all applicable questions. Your thoroughness will expedite the process and reduce the need for follow-up questions. – Thank You

Date of application:  Org. Name:   
Originator's Name:  Phone:   
Financial Manager:  Bear #:

This fund request is for:

New  Update  Inactivate

Is this a grant matching fund?

If yes, Please provide matching grant fund number

Proposed or current title of fund:

Estimated **Annual** Budget / Revenue Target: \$

Describe in **DETAIL** the purpose of the proposed fund, why it is needed, and why an existing fund cannot be used (This will help expedite the request):

Suggested program code to be associated with fund (i.e. instruction, Research, Etc.)

Suggested organization code to be associated with fund

*What type of fund is being requested (Where will the money come from?)*

State General Fund (Tuition, COF, FFS)	<input type="checkbox"/>	Federal grants	<input type="checkbox"/>
Internal UNC department sales	<input type="checkbox"/>	State grants	<input type="checkbox"/>
External Sales (to Faculty, Staff, Students, Others)	<input type="checkbox"/>	Local grants	<input type="checkbox"/>
Internal and External Sales	<input type="checkbox"/>	Other (please describe):	<input type="text"/>
Student Fees	<input type="checkbox"/>		<input type="text"/>

Additional remarks (include any special procedures or requests):

It is understood that approval of the request will be based on the information presented on this application. The financial manager should ensure that the fund is used as described. Any change in the source of revenue or use of funds requires the completion of a new form.

Names of individuals having signature authority on this Fund (at least two):

Name	Bear Number

Names of individuals having Banner inquiry on this Fund:

Name	Bear Number

Approvals: (Note: if a Dean or Vice President is to have signature authority on this account, additional approval of the next level of authority is required)

<u>Director or Department Head</u>		<u>Dean or Vice President</u>	
Signature	Date	Signature	Date

Additional Approval if required:

Signature	Date

\*\*\*\* If this is a "State" or "Cash" fund request and you are requesting exemption from the [roll forward limitations policy](#), approval of the Sr. Vice President of Finance and Provost is required.\*\*\*\*

<u>Sr. Vice President</u>		<u>Provost</u>	
Signature	Date	Signature	Date

Upon completion of this application form, return to GENERAL ACCOUNTING for fund number assignment and creation. A copy of the form will be returned to the originator with the fund number. Any questions can be directed to Dorothy Swenson, 351-2228 or e-mail [Dorothy.Swenson@unco.edu](mailto:Dorothy.Swenson@unco.edu).

<b>FOR GENERAL ACCOUNTING OFFICE USE ONLY</b>			
Approved - Fin. Serv. Dept.	_____	_____	_____
Disapproved - Fin. Serv. Dept.	_____	_____	_____
<b>Fund Number</b>	_____	Date _____	Entered By _____
<b>Default Org</b>	_____	_____	_____
<b>Default Prg. Code</b>	_____	_____	_____
Signature Authority Entered	_____	Date _____	Entered By _____
Banner Inquiry Entered	_____	Date _____	Entered By _____

