Request for New Special Purpose/Project Account
(Revised: January 2012)

Note: Please read policy 30.50.10 before completing this form. If the requested account is on-going in nature please contact the Financial Analyst, Research and Special projects to ensure the project meets the definition of a special project. If the account being requested is research related, do NOT fill out this form. Instead, please contact the Office of Research Services.

Project Name ______________________________________________________

Term of Project: From: ____________________ To: ______________________

Faculty/Dept.: ____________________             Org #: ______________________

Fund Manager (Please list just one person) ______________________________

List other people that should have signing authority for the fund:

______________________________ ______________________________

List all sources of revenue and the amount of revenue expected from each source (including internal sources):

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Note: All invoicing must be completed by Financial Services or through the External Invoicing System in BANNER. If you require invoices to be sent to the sponsors listed above please contact the Financial Analyst, Research and Special Projects.

If there is a balance remaining at the end of the project where will it be transferred?

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________
If there is a deficit balance at the end of the project who will cover it?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Description of Project: A brief summary. **Copies of all contracts or funding letters must be attached.**

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Will the activity in this fund be under the control of the Faculty / Department or will the activity be controlled by an individual faculty member?

____ By Faculty or Department  ___ By Individual Faculty Member

Name of Fund Manager (please print): ________________________________________
Signature: ____________________________________  Date: ___________________

The signature of the Fund Manager indicates that the information provided is correct and if the fund is NOT controlled by the Faculty or Department that the Fund Manager accepts personal responsibility if the fund becomes overspent.

Name of Dean or Department Head (please print):_______________________________
Signature: ____________________________________  Date: ___________________

The signature of the Dean or Director indicates awareness of the need for the requested fund and if the fund is controlled by the Faculty or Department, that the Faculty or Department accepts responsibility if the fund becomes overspent.

**Send the completed form to Financial Services to request the fund creation.**