



REQUEST TO OPEN FUND

Fund Account Name:

(limited to 60 spaces)

Purpose

Please note that original correspondence from the donor or other documentation specifying the donor(s) intent for the use of this fund account and any further restrictions which the department/unit may want to place on it must be attached.

Department or Academic Unit: _____

Fund Account Representative:

Donor Name:

Donor Address:

Form of Funding: Cash/Check Pledge Transfer from an existing fund (authorization attached)

Type of Account: Expendable Endowed Pending - Endowed

Requestor's Name and Department:

Requestor's Phone Number

Date:

Foundation Holding

GHSF

AUF

The account will be established only with the understanding that all Foundation compliance documents and required reviews are complete before any fund expenditures are requested.

Fund Account Representative Signature: _____

Additional Notes:

(For internal use only)

Account Number:

AREA:

4-UP:

Cross Prog:

VSE:

Desig:

Stephen Lamb
CFO Foundations

Date

Accepted by

AUF

GHSF

Vicky Medlock
AVP Advancement Operations

Date