

FOUNDATION USE ONLY

Account: Fund: Function: Division: Officer: Entity: School:

The account will automatically expire three years from the date of its opening, at which point any remaining funds will be disposed of in accordance with the account application. Account holders must renew their accounts prior to expiration.

APPLICATION TYPE: New Account Close Account

ACCOUNT INFORMATION

Name of Account

Name College/School or Division

New/Renewal/close date

End Date (Maximum three years)

Describe Source of Funds

ALLOWABLE EXPENDITURES

Community Relations Stipends Equipment Salaries/Benefits Travel Other

	Yes	No
A. Were these funds received through a philanthropic grant?	<input type="radio"/>	<input type="radio"/>
B. Is the income on this account derived from the use of campus facilities and/or personnel?	<input type="radio"/>	<input type="radio"/>
C. Will this account be used solely in connection with sponsored programs or grants?	<input type="radio"/>	<input type="radio"/>
D. Were these funds received from a closed out grant/contract?	<input type="radio"/>	<input type="radio"/>

Please provide a justification/purpose for the account in the box below:

DISPOSITION OF UNEXPENDED FUNDS

If the account is closed for any reason, state where any remaining funds should be transferred. If no destination is specified and no donor restrictions exist, the disposition of any funds remaining upon dissolution of the account will be left to the discretion of the appropriate Dean or Vice President.

PREPARED By (If preparer is an authorized signer, preparer must also sign below)

Name

Email

Phone

AUTHORIZED ACCOUNT SIGNERS

Name

Signature

Student ID#

Date

Email

Name

Signature

Student ID#

Date

Email

Name

Signature

Student ID#

Date

Email

AUTHORIZED STUDENT ADVISOR

Name (Print)

Signature

Date

AUTHORIZED OSL REPRESENTATIVE

Name (Print)

Signature

Date

ACCOUNT DIRECTOR/OFFICER ASI

Name (Print)

Signature

Date

AUTHORIZATION BY UNIVERSITY CFO

If the account is for a Vice President, the President should sign in the VP area below.)

Naomi Goodwin

University Chief Financial Officer

Signature

Date

AUTHORIZATION BY FOUNDATION

Foundation Approval

Signature

Date