## EASTERN MICHIGAN UNIVERSITY Business and Finance Division Designated Fund Request \& Change Form

Please contact Accounting at 734-487-1321 for questions.
Email form to busfin_generalaccounting@emich.edu or send to 212 Hover Bldg.
Request Type (select one): $\square$ New $\square$ Change $\square$ Re-activate
Fund Classification (select one, contact Accounting if none fit your purpose):

| Select <br> One | Classification | Who Can Request | Predecessor <br> Code |
| :---: | :--- | :---: | :---: |
|  | Camp Begin Date <br> End Date | Anyone | 3CAMP |
|  | Conference/WorkshopBegin Date <br> End Date <br> Anyone | 3CFR |  |
|  | Fundraiser (non-gifts \& non-Foundation money) <br> Begin Date <br> End Date | Anyone | 3FUNDR |
|  | Extended Programs Revenue Sharing | Director of Budget only | 3CEREV |
|  | Indirect Cost (IDC) <br> Effective Date | Grant Accountants only | 3IC |

Please provide the following information (for change requests, include fund name and info to be changed)

| Fund Name: (no more than 35 characters) |  |  |  |
| :--- | :--- | :--- | :--- |
| Purpose of Fund: |  |  |  |
| Organization Number: |  | Fund Number: (change or re-activation) |  |
| Revenue Source (provide fund \& org <br> for funds transfer): |  | Expenditure Type(s): |  |
| Funds Transfer Approval: | Name: | Signature: |  |
| Fund will not be opened until an approval for funds transfer or a deposit to be made is received by Accounting. This form <br> may serve as approval for funds transfer providing (1) the Fund and Org are provided and (2) an authorized signer for <br> the Fund/Org has approved the transfer. |  |  |  |
| Financial Manager \& Signer: | Name: | EID: |  |
| Additional Signer: | Name: | EID: |  |
| Additional Signer: | Name: | EID: |  |
| Additional Signer: | Name: | EID: |  |
| Contact: | Name: | Phone: |  |
| Approval (Dean or Dept Director) | Name: | Signature: |  |

## THIS BOX FOR ACCOUNTING USE ONLY

| Received by: | Approved by: | Completed by: |
| :--- | :--- | :--- |
| Received Date: $\quad$ Approved Date: $\quad$ Completed Date: |  |  |
| Fund / Organization / Program Number: | Deposit Completed: |  |
| Comments: |  |  |

