EASTERN MICHIGAN UNIVERSITY

Business and Finance Division Designated Fund Request & Change Form

Please contact Accounting at 734-487-1321 for questions.

Email fo	orm to <u>bus</u>	fin_gener	ralaccounting@emich.	<u>edu</u> or	send to 21	2 Hover Bldg	g.	
Request	Type (se	lect one)	:	Change	e 🗆 Re	e-activate		
Fund Cl	lassificati	on (selec	t one, contact Accour	nting if	none fit	your purpose	e):	
Sele On	I Class	Classification			Who Can Request		Predecessor Code	
	Camp	Begin D End Dat	Date te		Anyone		3CAN	ЛР
	Confe	Conference/Workshop Begin Date End Date				Anyone		R
		Fundraiser (non-gifts & non-Foundation money) Begin Date End Date				Anyone		DR
	Exten	Extended Programs Revenue Sharing				Director of Budget only		EV
	Indirect Cost (IDC) Effective Date				Grant Accountants only		3IC	
Please provide	e the follo	wing info	ormation (for change re	equests	, include f	fund name and	l info to	be changed)
Fund Name: (no	more than 35	characters)						
Purpose of Fund	d:							
Organization Number:			Fund Number: (cha		nge or re-activation))		
Revenue Source (provide fund & org for funds transfer):			Expenditure Type		s):			
Funds Transfer Approval:			Name:			Signature:		
	pproval for	funds tra	proval for funds transfer nsfer providing (1) the Funsfer.					
Financial Manag			Name:			EID:		
Additional Signer:			Name:			EID:		
Additional Signer:			Name:			EID:		
Additional Signer:			Name:			EID:		
Contact:			Name:			Phone:		
Approval (Dean or Dept Director)			Name:			Signature:		
		TI	HIS BOX FOR ACCO	OUNT	ING USE	ONLY		
Received by:			Approved by:			Completed by:		
Received Date:			Approved Date:		_	Completed Date:		
Fund / Organization / Program Number					Denosit Completed:			

Comments: