

EASTERN MICHIGAN UNIVERSITY

Designated Fund Request & Change Form

Revision Date 7/24/2009

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

Form should be emailed to busfin_generalaccounting@emich.edu or sent to 212 Hover

Request Type (select one):

New Change Re-activate

Fund Classification (select one, contact Accounting if none fit your purpose):

Select One	Classification	Who Can Request	Predecessor Code
	Camp	Anyone	3CAMP
	Conference / Workshop	Anyone	3CFR
	Fundraiser (non-gifts & non-Foundation money)	Anyone	3FUNDR
	Continuing Ed (CE) Revenue Sharing	Director of Budget only	3CEREV
	*Indirect Cost (IDC)	Grant Accountants only	3IC

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

Fund Name (limited to 35 characters):		
Organization Number:		For change & re-activation requests, please provide Fund Number:
Purpose of Fund:		
Expenditure Type(s):		
*Revenue Source (provide Fund & org for funds transfer):		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 may serve as approval for funds transfer providing 1) the fund and org are provided and 2) an authorized signer for 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 Director of Dept):	Name:	Signature:

THIS BOX FOR ACCOUNTING USE ONLY

Received by: _____ Approved by: _____ Completed by: _____

Received Date: _____ Approved Date: _____ Completed Date: _____

Fund / Organization / Program Number: _____ Deposit Completed: _____

Comments: