

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): New Change Re-activate

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

| Select One | Classification | Who Can Request | Predecessor Code |
|------------|--|-------------------------|------------------|
| | Camp Begin Date _____ End Date _____ | Anyone | 3CAMP |
| | Conference/Workshop Begin Date _____ End Date _____ | Anyone | 3CFR |
| | Fundraiser (non-gifts & non-Foundation money) Begin Date _____ End Date _____ | Anyone | 3FUNDR |
| | Extended Programs Revenue Sharing | Director of Budget only | 3CEREV |
| | Indirect Cost (IDC) Program Code=99 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 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 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 Dept Director) | 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: