TO: Kathryn Funk-Baxter, Comptroller

FROM:

DATE:

Account Title: ________________________________________________________________

Responsible Person: _____________________________________________________________

Universal Identification No: ____________________________ Department: _______________

Fund Source: (Select one below)

_____ State Appropriations  _____ Grant *  _____ Contract * (*) Attach Compliance Checklist

Other, explain: __________________________________________________________________

What will the funds be used for: (choose one)

_____ Instruction (10)  _____ Academic Support (25)  _____ Operation & Maint of Plant (40)  _____ Auxiliary (70)

_____ Research (15)  _____ Student Service (30)  _____ Major Repair & Rehabilitation (50)  _____ Accrued Compensable -

_____ Public Service (20)  _____ Institutional Support (35)  _____ Scholarships & Fellowships (60)  _____ Absences Payable (80)

Salary Savings: (Entered on screen 009/052)

Salary Sav. Dist: _______ _______ _______  GEB: _____ Yes

Fac Salary Sav. Dist: _______ _______ _______  _____ No

Any restrictions on funds, if any? __________________________________________________________________

At termination of the account, what provisions for deficits, or refunds of the balance are to be made?

______________________________________________________________________________

What is the provision for the retaining of titles to equipment purchased with these funds? Please quote.

______________________________________________________________________________

Estimated Budget:

0001 Revenue ____________________________ 3000 Travel ____________________________

1100 Salary ______________________________ 4000 M & O ______________________________

1700 Wages ______________________________ 8000 Capital Outlay ______________________

1900 Benefits ____________________________ 9600 Indirect Cost _______________________

Prepared By (Print Name): _______________________________________________________

Signature ____________________________________________

Phone # ____________________________________________

Fax # (Required for Confirmation) ______________________________________________

Account # ____________________________  Accountant: _____________________________

Assigned ____________________________