UNIVERSITY OF UTAH
ACTIVITY/PROJECT SETUP REQUEST

(Send completed form to General Accounting, 403 Park Building)

Print Form Reset Form

To be completed by General Accounting:

Activity #	BU	Org ID	Fund	Project #

Program Class	Funding Class	Rstd FB	Endowment/Expenditure X-Ref	Accounting Dept. Contact

Requesting department MUST COMPLETE ALL information below:

Date	Originating Individual	Phone #	Short Title (Limit 30 Characters)

Long Title (Limit 126 Characters)

Responsible Person *(Last Name, First name, MI as appears on PAN form)*	Responsible Person Empl ID

Responsible Person Campus Address (Room and Building)

Location Code (Mgmt Rpt Mail Location)	Organization Name	Org ID

Employee ID	Liaison Name	Responsible VP Office or College

Send Notification of Setup To: (Name and Address)

Purpose of Activity/Project including restriction on expenditure. (Must be supported by pertinent correspondence or other documentation as appropriate.)

Specific Source of Revenue (Include initial and future funding sources)

I, as a responsible person, verify that the above information is complete and that all copies of pertinent correspondence and other supporting documentation have been attached. I accept full responsibility for the Activity/Project and will follow procedures outlined in Section 3 of the Policy and Procedures Manual.

Responsible Person _____ Date _____

Budget Office or Development Office _____ Date _____

I, as Dean/Vice President, hereby approve the establishment of the above requested Activity/Project. (If the responsible person is a Dean, the Activity/Project must have the approval of the appropriate Vice President.

Dean or Vice President _____ Date _____

Manager, General Accounting _____ Date _____

REVISED 05/06