

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 # (7 Digits)
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 & Building)		
Location Code (Management Report Mail Location)		Organization Name
Employee ID	Liaison Name	Phone # (7 Digits)
Responsible VP Office or College		
Send Notification of Setup To: (Name and Address)		
Select Functional Group	Select Sub-Function	
Purpose of Activity/Project including restrictions on expenditures. (Must be supported by pertinent correspondence or other documentatin as appropriate.)		
Specific Source of Revenue (Include initial and future funding sources)		

I, as 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.

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.)

Responsible Person Date

Dean or Vice President Date

Budget Office or Development Office Date

Manager, General Accounting Date