

Compliance Oversight and Reporting

Activity #

UNIVERSITY OF UTAH ACTIVITY/PROJECT SET-UP REQUEST

(Return completed form to jennie.hale@admin.utah.edu in Financial Reporting & Accounting)

To be completed by	y Fina	ncial Report	ing & A	ccounting:
Activity #	BU	Org ID	Fund	Project

Fund

Project

Program Class	Fundin	g Class	Rstd FB	Endowment/Ex	ent/Expenditure X-Ref Ace		Accounting D	ccounting Dept. Contact		
	<u> </u>									
Requesting de	partment	MUST COM	IPLETE	ALL infor	mation belo	ow:				
Date		ting Individual		-				Phone # (7 Digits)		
Short Title (Limit 30 (Characters)									
Long Title (Limit 126	Characters)									
Long Title (Limit 120	Characters)									
Responsible Person (La	ast Name,First	Name MI as appo	ears on PAN	l form)		Responsible Person Empl ID				
Responsible Person Ca	mpus Address	(Room & Building)								
Location Code (Manag	rement Report N	Mail Location)		Organization Na	Organization Name			Org ID		
	,							8		
Employee ID	Liaison	Name		Phone # (7 Digi	te)	Pasnonsible	VP Office or (College		
Етрюусс по	Liaison	Ivanic		Thone # (7 Digi	Filolie # (7 Digits)		Responsible VP Office or College			
C 4 N -4:C4:	of Cotoon Too	. (Nama and Em	-:1 A d d	>						
Send Notification	of Setup To	: (Name and Em	an Addres	SS)						
	Select	t Functional Gi	oup	Select	Sub-Function	(not Fun	d ChartFiel	d)		
			-			`		,		
Drympaga of A ativity/Du	aiaat inaludina	mastriations on arms	m ditumas (A)	fust he summented	hy moutinent cours	amandanaa a	u athau daauma	ntation as appropriate.)		
Purpose of Activity/Pr	oject including	restrictions on expe	enditures. (IV	fust be supported	by pertinent corre	espondence o	r otner docume	ntation as appropriate.)		
Specific Source of Rev	ianua Fund C	hartField (For initia	1 and future	funding) Plages n	rovide the request	ed Fund nun	nhar			
specific source of Key	renue - Fund Ci	nattricia (Foi illitia	i and future.	runding) Flease p	novide the request	ea Fulla llull	1001			
T 71		1 it	: 1 ,		I D-: /57' F		-1			
I, as responsible person and that all copies of p								e establishment of the above e person is a Dean, the		
and that all copies of pertinent correspondence and other supporting documentation have been attached. I accept full responsibility for the					Activity/Project must have the approval of the appropriate Vice President.)					
Activity/Project and wi		dures outlined in Sec	ction 3 of the							
Policy and Procedures	Manual.									
Responsible Person			Date	_	Dean or Vice Pre	sident		Date		
responsible reison			Duit		Zoun or vice ric			Duic		
				_						
Budget Office, Develor	oment Office, or	•	Date		Manager, Financ	ial Reporting	& Accounting	Date		