



FINANCIAL SERVICES
REQUEST FOR NEW FUND
 (For research, externally restricted donations,
 Ancillary Services, Sport & Recreation Services only)

Fund Code Assigned
Fund: _____
Orgn: _____
Prgm: _____
Predecessor Fund: _____
Grant: _____

Account Name (maximum 35 characters): _____

Account Holder: ID#: _____ Name: _____

Department: _____

Other Individual(s) requiring iWeb access:

ID# _____ Name: _____

ID# _____ Name: _____

Complete a Signing Authority form to delegate signing authority to the individual(s) listed.

Brief summary of the purpose for the account:

Expected duration of account: Start Date: _____ End Date: _____

Source of funding/revenue. If an agreement or contract has been signed, a copy must be attached.

Expected total revenue: \$ _____

Describe how the funds will be used.

Include the proposal submitted to the granting agency where applicable.

Are there restrictions on the use of these funds? Y/N _____ If yes, please provide documentation.

Are there reporting requirements? Y/N _____

If yes, please specify the reporting frequency and attach documentation as to the reporting requirements.

Approval by the following Committees is required before a research account can be opened.

Check all that apply.

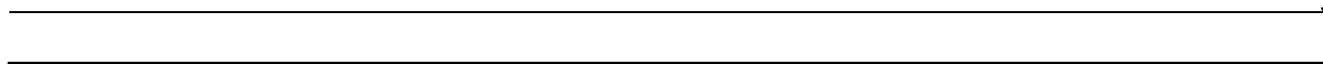
_____ Animal Welfare Committee _____

_____ Biosafety Committee _____

_____ Human Subject Research Committee _____

_____ Radiation Safety Committee _____

If there is a surplus as of the end date, how will the surplus be distributed? (e.g. to University department or return to the source of funds)



AUTHORIZATION FROM ACCOUNT HOLDER:

I hereby accept responsibility as signing authority for the above referenced account. The signature signifies agreement to use the monies for the specified/agreed purposes.

In relation to research and trust (granting agency/donor) terms and conditions specifically:

1. I understand and will comply with all terms and conditions of the grant or contract as communicated by the sponsor during the application or contract process.
2. I will use the funds only for the purpose for which they were awarded and will ensure that the expenditures:
 - a. comply with the policies of the funding source and the University and, for research funds, are consistent with the budget submitted with the funding proposal
 - b. are processed to the correct expense classification and, for research funds, occur within the grant/award period
3. If the account is overspent, and the overexpenditure has not been approved or authorized through a request for research prefunding, I will be personally liable for any overexpenditure not covered by other sources and will cover the overexpenditure within 30 days.

Signature of Account Holder: _____ Date: _____

AUTHORIZATION FROM DEAN/DEPARTMENT HEAD:

If the account is overspent, and such overexpenditures are not recovered from any other source, I authorize the transfer of the overexpenditure to the faculty/department.

FOAPAL to charge overexpenditure: _____

Signature of Dean/Department Head: _____ Date: _____

Shaded Areas for Financial Services Use Only	
Fund Code FTMFUND _____	Endowment Interest FYAEINT _____
Account Index FTMACCI _____	Online Expense _____
Signing Authority FYMSIGN _____	Online Requisitions _____
iWeb Menu FYMREPT _____	Budget Transfers _____
	Designation ADADESG _____
Research Services Approval: _____	Date: _____
Financial Services Approval: _____	Date: _____
Notified: _____ by: _____	Date: _____