

Stephen F. Austin State University

Please email complete form to financialreporting@sfasu.edu

Request to Establish or Modify Department Fund Number OR Organization Number – Non-Granted Related

Choose Type: _____ Name: _____

Financial Manager Title: _____

Name of Financial Manager Name: _____

Department: _____

Source(s) of Fund/Org: _____

Detailed Description of General Purpose(s):

Requested by: _____

Phone # and Email of Requester: _____

Phone # & Email of Fin Mgr: _____

Please fill in proposed budget below.

*New Fund or Organization will not be set up without a proposed budget included. These requests will be forward to Financial Reporting Office for approval. You will be notified after the Fund or Organization has been set up and the budget approved.

	Account	Amount
Sales & Services Pool	50F0	
Gifts/Donations Pool	50E0	
Total Revenues		
Travel Pool	71B1	
O&M Pool	72B0	
Capital Outlay	73B0	
Scholarship Pool	74B0	
Total Expenditures		

Balance MUST be Zero to Proceed.

Signature of Requester: _____

Date: _____

Signature of Fin Mgr: _____

Date: _____