

**GRAMBLING STATE UNIVERSITY
REQUEST FOR NEW FUND, ORGANIZATION OR ACCOUNT NUMBER
(NON-CONTRACT OR GRANT ACCOUNT)**

Date _____

Division/Dept./Unit _____

Suggested name of Fund/Organization _____

Principal person responsible for the account:

(Name) (Title) (Email Address)

(Name) (Title) (Email Address)

DETAILED DESCRIPTION: Attach a detail of the activities, programs, or operations to be supported by this account. Indicate any specific restrictions, terms, or conditions for the use of the funds deposited to this account.

Is GSU acting in an agency capacity in handling this account? Yes _____ No _____

Will funds be used for Student Scholarships? Yes _____ No _____

Please provide the following information regarding the source of funds deposited to this account:

a. Estimated total annual receipts: _____

b. Source of receipts:
_____ Gifts _____ Sale of Goods or Services
_____ Student Fees _____ Other (please describe)

Please attach photocopies of correspondence, donor letters, and any other relevant documentation that will provide information for a permanent file.

Requested by

(Signature) (Title) (Phone #)

Approved by

(Signature) (Title) (Phone #)

SUBMIT THIS FORM TO THE UNIVERSITY CONTROLLER OFFICE. QUESTIONS CONCERNING COMPLETION OF THIS FORM SHOULD BE DIRECTED TO THE ACCOUNTING OFFICE AT EXTENSION 2515.