

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
OFFICE OF ACCOUNTING SERVICES

REQUEST FOR INSTITUTIONAL TRUST FUND

Submit this form to the Office of Accounting Services, 270 Mossman Building. Please attach photocopies of correspondence, agreements, award letters, and other relevant documentation that will enable proper establishment of the fund and provide Accounting Services with the necessary data for a permanent file.

1. DATE: _____ ORGN CODE: _____

2. DEPARTMENT NAME: _____

3. SCHOOL/DIVISION: _____

4. SUGGESTED TITLE OF TRUST FUND: _____

5. FINANCIAL MANAGER FOR FUND: (Person who will be handling majority of transactions for fund.)

NAME: _____

Novell Username: _____

TITLE: _____

CAMPUS ADDRESS: _____

6. OTHER PERSONS AUTHORIZED TO ACCEPT RECEIPTS AND INITIATE DISBURSEMENTS FROM THE FUND.

(Name) (Title) NOVELL USERNAME

(Name) (Title) NOVELL USERNAME

REQUEST FOR INSTITUTIONAL TRUST FUND (continued)

7. Provide a detailed and comprehensive description of the activities, programs, and/or operations to be supported by this fund. Attached appropriate documentation.

8. Indicate any specific restrictions, terms, or conditions for the use of monies deposited to this fund.

9. Describe the types of revenues which will be deposited to this fund.

10. Describe the types of expenditures which will be made from this fund.

REQUEST FOR INSTITUTIONAL TRUST FUND (continued)

11. Please provide the following information regarding the sources of monies deposited to this fund.

a. ESTIMATED TOTAL ANNUAL RECEIPTS: \$ _____

b. INDICATE THE SOURCES AND PERCENTAGES OF THESE RECEIPTS:

ON-CAMPUS SOURCES:

BUDGET CODE FUNDS	_____ %	
OTHER TRUST FUNDS	_____ %	
STUDENT ACTIVITY FEES	_____ %	
CHARGES TO STUDENTS, FACULTY AND STAFF	_____ %	
_____	_____ %	
SUB-TOTAL ON-CAMPUS SOURCES		_____ %

OFF-CAMPUS SOURCES:

GIFTS, DEVICES, AND BEQUESTS (including transfers from Foundations)	_____ %	
FEDERAL CONTRACTS, GRANTS AND AGREEMENTS	_____ %	
SALES OF GOODS & SERVICES OTHER -(Describe)	_____ %	
_____	_____ %	
_____	_____ %	
SUB-TOTAL OFF-CAMPUS SOURCES		_____ %

TOTAL ALL SOURCES		<u>100 %</u>
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REQUEST FOR INSTITUTIONAL TRUST FUND (continued)

REQUESTED BY (signature): _____

REQUESTED BY (printed): _____

TITLE (printed): _____

TELEPHONE NUMBER: _____

AUTHORIZED BY: _____

OFFICE OF ACCOUNTING SERVICES (Office Use Only)

OFFICIAL FUND TITLE: _____

BANNER FUND NUMBER: _____

CONTRACTS & GRANTS ATTRIBUTES:
ATTRIBUTE 1: _____ ATTRIBUTE 2: _____

REVIEWED BY: _____

APPROVAL

CONTROLLER: _____