

FUND CREATION REQUEST FORM

Form Instruction

Add Change Block Delete

Source of funds (Indicate with "X")

- | | |
|------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> 001 - Unrestricted - General | <input type="checkbox"/> 022 - Grants and Contracts |
| <input type="checkbox"/> 002 - Unrestricted - Designated | <input type="checkbox"/> 041 - Plant - Unexpended |
| <input type="checkbox"/> 003 - Unrestricted - Housing and Dining | <input type="checkbox"/> 042 - Plant - Renewal and Replacement |
| <input type="checkbox"/> 004 - Unrestricted - Other Auxiliary | <input type="checkbox"/> 043 - Plant - Retirement Indebtness |
| <input type="checkbox"/> 005 - Unrestricted - Hospital | <input type="checkbox"/> 044 - Plant - Investment in Plant |
| <input type="checkbox"/> 006 - Unrestricted - Samaritan Hospital | <input type="checkbox"/> 050 - Loan Fund |
| <input type="checkbox"/> 021 - Restricted - Private | |

THIS BOX FOR ACCOUNTING AND FINANCIAL REPORTING SERVICES USE ONLY

FM area	<input type="text" value="UK00"/>	Fund Number	<input type="text"/>	Approved	<input type="text"/>	
Valid from dates	<input type="text"/>	to	<input type="text" value="12/31/9999"/>			
Fund Type	<input type="text"/>	Funds Application	<input type="text"/>	Keyed	<input type="text"/>	
Net Asset Class	<input type="text"/>					
Loan Type	<input type="text"/>				Verified	<input type="text"/>

Name of Fund
 Description

Research Priority Area	<input type="text"/>
Business Area	<input type="text"/>
Discipline (CIP code)	<input type="text"/>
Department Number	<input type="text"/>
Cancer Research Match	<input type="text"/>
Contact Person	<input type="text"/>
Responsible Person	<input type="text"/>
Functional Area	<input type="text"/>
Earning Pool Index	<input type="text"/>

DCC

List Fund Groups to be Updated: _____

Required Explanation: (Please briefly explain the need and intended use for the fund, and attach any supporting documentation.)

APPROVAL SIGNATURES:

Originator	College/Division	Area Budget Officer
Date	Date	Date