

Request for Designated Fund Establishment

Requested Fund Name: _____ (limit 30 characters)

Responsible Department: _____

Department Head: _____

Contact Name: _____

Contact e-mail Address: _____

Campus Address: _____

Mail Stop: _____

Responsible Vice President: _____

Default Org Code/Org Name: _____

Responsible Unit: ___MSU
 ___CVM
 ___MAFES
 ___FWRC
 ___MSUES

Describe the purpose of this fund:

Identify sources of expected revenue:

Approved: Department Head _____ Date: _____

Approved: Dean/Director _____ Date: _____

Approved: Vice President _____ Date: _____

RPA Use Only:
___ Entered on Fund Table
___ Entered on VP Table

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