

REQUEST FOR ESTABLISHMENT OF A BANNER FUND

Section 1: TO BE COMPLETED BY THE DEPARTMENT REQUESTING THE FUND

Fund Type: (One Box Must Be Checked)

Budgeted (MUST ATTACH BUDGET):

- General
- Overhead
- Trust
- Auxiliary
- Agency
- CI

Unbudgeted:

- Trust
- Auxiliary
- Agency

Endowments:

- University
- Foundation
- Type:**
- True
- Term
- Quasi
- Annuity & Life

Department: _____ Organization: _____
(5 digit Banner Org)

Fund Title: _____
(Max 35 characters)

Fund Purpose: _____
(Supporting Correspondence must be attached)

Source of Funds: _____

Anticipated Receipts: _____
(Source and Frequency)

Anticipated Expenditures: _____

BANNER Fund Access: Please Provide Name & E-mail (List Below)
Requisitions (not Budget Authority):

	Yes	No	Name #1 _____	_____ @uncw.edu
Donor Restrictions:			Name #2 _____	_____ @uncw.edu
University Restrictions:			Name #3 _____	_____ @uncw.edu

APPROVALS (Budget Authority and Senior Officer Required):

Budget Auth E-mail REQUIRED _____ @uncw.edu Alternate E-mail 2 _____ @uncw.edu Alternate E-mail 3 _____ @uncw.edu

Budget Authority Name _____ **Signature** _____
(Budget Authority Signature)

Budget Authority Title _____ **Date** _____

Senior Officer Title _____ **Date** _____ **Signature** _____
(Senior Officer Signature)

Section 2: TO BE COMPLETED ONLY BY THE ACCOUNTING OFFICE

6-Digit Fund Number _____ Program _____ Grant Number _____
(if applicable)

Attributes: _____ Predecessor Fund _____ Fund Type _____

Asentity (Associated Entities) _____

Federal Source (FEDSOURC) _____

HR Conversion Number (HRCONV) _____

Interest Allocation (INTERALL) _____

NCAS Purpose Code (NCAS) _____

Receipt Method (RECMETH) _____

Responsible Person (RESPERS) _____

Revenue Source (REVSOURC) _____

Budget Code (RPTCODE) _____

Institutional Trust Fund Code (UDMRPTC) _____

(Assigned by Budget Office)

(Accounting Approval Signature)

(Signature of Controller)

Date

(Signature of Director of Budgets)

Date