

**REQUEST FOR ESTABLISHMENT OF
UNIVERSITY GENERAL LEDGER
FUND CODE**

Section I: General Account Information

- 1. Date: _____

- 2. Person making request: _____

- 3. Classification of Fund: Commonwealth E &G
 Local E & G Grant
 Gift Auxiliary
 Other (Explain) _____

Section II: Account Information

- 1. Describe the purpose of this fund (attach supporting correspondence):

- 2. Will this fund be effective for more than the current fiscal year?
 Yes No

- 3. Suggested Fund Title: _____
(Note: Cannot exceed 25 characters)

- 4. Budget Unit Director of Account (per University Policy, ODU employees only):
Name: _____
Dept: _____
Location: _____
Telephone No: _____

- 5. Signature of Requestor: _____

Section III: Approval

Approval must be made in the order designated below.

	Action	Signature
Dean/Director	_____	_____
Vice President	_____	_____
Budget Officer	_____	_____
Associate Controller	_____	_____
Finance Systems Manager	_____	_____

Section IV: Accounting Systems Information

FOR OFFICE OF BUDGET/ADMINISTRATIVE SERVICES USE ONLY

Code _____ FISCAL YEAR (S) _____

FUND/GRANT TABLE SCREEN

ACTION

EFFECT DATE	TERMIN DATE	DATA TERM DATE	FUND GROUP	FUND SUB-ACCT	FUND GRANT	DEFAULTS ORG	PROG	FUND TYPE
_____	_____	_____	_____	_____	_____	_____	_____	_____
PLANT FUND ACCOUNT	***** ORG	FUND/GRANT MANAGER'S NAME			*****	SFOE CODE	ROLL IND	BANK NO
_____	_____	_____			_____	_____	_____	_____
*****	*****	MATCHING FUNDS		*****	*****	REIMBUREABLE OVERHEAD	*****	*****
ORG	ACCT	RATE	MAXIMUM AMT		ORG	ACCT	METHOD	RATE
_____	_____	_____	_____		_____	_____	_____	_____
*****	REVENUE	*****				*****	CARS INFO	*****
IND	ACCT	A/R ACCT				AGENCY	FUND	
_____	_____	_____				_____	_____	

DATA CONTROL

DATE ESTABLISHED: _____

DEPT. NOTIFIED: _____

KEYED: _____