

# 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 \_\_\_\_\_

Responsible Unit:      ☐ MSU      ☐ MAFES      ☐ MSUES  
                                 ☐ CVM      ☐ FWRC

Function:                      Instruction                      Research                      Service                      Other

If "Other" please explain:

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

**Office of Reporting, Planning and Analysis**

Mail Stop 9602

(662) 325-1747