

Request for Auxiliary Fund Establishment

(Substantially self-supporting activities that primarily provide support for students, faculty and staff.)

Requested Fund Name: _____(limit 30 characters)

Responsible Department: _____

Department Head: _____

Contact Name: _____

Contact e-mail Address: _____

Campus Address: _____

Responsible Vice President: _____

Default Org Code, if applicable _____

Budgeted Fund? Select one: ___ Yes ___ No

Provide an explanation of how the activity supports the institution's mission:

Identify sources of expected revenue and the anticipated date(s) of receipt:

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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