

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: Select one MSU MAFES MSUES
 CVM FWRC

Function: Select one 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



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REPORTING, PLANNING & ANALYSIS