



## ENDOWED OR TRUST NEW ACCOUNT REQUEST FORM

Date:

New Account Number:

Donor Name:

Donor ID Number:

GL Account Name (max 20 characters):

Award Name (max 58 characters):

Type of Fund:

Endowed

Trust

If Trust is Selected Above:

Ongoing

End Date

*(leave blank if endowed)*

Type of Award:

Student

Non-Student

Linked to Faculty or Department:

Person with Signing Authority for Non-Student Award:

Funding Amount and Anticipated Date of Receipt

Amount:

Anticipated Date of Receipt:

Description of Proposal, including Restrictions:

*(Attach MOU or Proposal if available)*

Requested By:

Name

Signature

Date

*Position External Relations:*

*Position External Relations:*

### Financial Services Use Only

Approval:

GLDM

DSD