

Request to modify an existing expendable fund

For campus funds only.

Return completed form to KSU Foundation - Compliance Services (complianceservices@ksufoundation.org)

FUND INFORMATION

Fund # _____ Fund name _____

College _____ Department _____

Requestor's name _____ Phone _____ Email _____

CHANGES REQUESTED

Fund name _____

Provide a detailed description for fund usage. This information will be provided in the online criteria section.

A Memorandum of Understanding (MOU) is required to modify any fund which requires awarding criteria as well as any endowed fund. Please contact your Development Officer.

SIGNATURE AUTHORITY

Name of person authorized to approve expenditures Title of authorized person

Signature of authorized person Date

APPROVAL

Department Head (if not already listed in Signature Authority) Signature Date

Dean, Provost, Chief of Staff or VP name Signature Date

This account will be administered in accordance with all Foundation & University policies and procedures.

FOR KSU FOUNDATION USE ONLY

Fund # _____ Group _____ Type _____ Purpose _____

College _____ Department _____ Primary goal _____ Secondary goal _____

DO initial and date _____ Compliance initial and date _____ Acctg Setup initial and date _____