KANSAS STATE UNIVERSITY
FOUNDATION
BOLDLY ADVANCING K-STATE

Request to open an expendable fund

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

FUND INFORMATION

College _____ Department _____

Requestor's name _____ Phone _____ Email _____

Fund name _____

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

Source of funding ☐ Donations ☐ Other (explain) _____

A Memorandum of Understanding (MOU) is required to establish 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 _____