MSU Account Application Form

Reason for request: ____________________________________________

Source of revenue: ____________________________________________

Projected Annual Revenues______ Projected Annual Expenses__________

Approvals:

Director of Fund __________________ Date __________________ signature

________________________ __________________ signature

Department Head __________________ Date __________________ signature

________________________ __________________ signature

Dean/Director__________________ Date __________________ signature

Vice President for Administration & Finance Use Only

Budget __________________ Date __________________ signature

Univ Bus Svc __________________ Date __________________ signature

For UBS use only

Index# __________ Revenue Account __________

Fund # __________ Pred Fund ______ Fund Type ______

Dept (Org) # __________ Pred Org __________

Program # __________ Effective Date __________

New Index Name ____________________________

If Name Change: Old Name ____________________________

Contact Person________________________ Phone # __________

Email __________________________ Dept (Org) # __________

Dept name __________________________

Please call University Business Services (UBS) to discuss application before completing form x5727

Check all that apply:

☐ New index # ☑ New fund # ☐ New Dept (Org) #

☐ New program

Please read #3 to the left and print name and title

By their signatures the Director of Fund and Department Head acknowledge their responsibility to ensure that the index maintains a positive cash balance. One or more backup indexes with adequate resources must be identified from which funds may be transferred by the Vice President for Administration and Finance should the index incur a negative balance. Please provide the backup index names, index numbers and department names.

First Backup Index# __________________________

Second Backup Index# __________________________

Attach detail budget if necessary (not required for a grant, IDC, plant, debt, or auxiliary fund)

Yes or No 1. Are the funds received as a gift? If yes, what (if any) restrictions have been placed on the use of the funds? __________________________

Identify any deliverables required as a condition of the gift. __________________________

Yes or No 2. Will any intellectual property be developed during the course of, or as a result of, any use of these funds under this account? __________________________

Print Form