

## REQUEST TO ESTABLISH NEW SPECIAL REVENUE/GRANT ACCOUNT

Department Name: \_\_\_\_\_ Department No: \_\_\_\_\_

Grant Administrator Name: \_\_\_\_\_ Department: \_\_\_\_\_

Person Responsible for Reconciling Grant: \_\_\_\_\_

### Grant Type - Check One:

Federal: \_\_\_\_\_ Fed Pass Thru: \_\_\_\_\_ State: \_\_\_\_\_ Local: \_\_\_\_\_ Cont & Don \_\_\_\_\_ Unknown \_\_\_\_\_

Grant Name: \_\_\_\_\_

Amount of Special Revenue/Grant: \_\_\_\_\_

Date of Grant Inception: \_\_\_\_\_

How long will grant be in existence for: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_

\_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

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### For Use by Finance Office Only:

Fund #: \_\_\_\_\_ Fund Name: \_\_\_\_\_

Revenue Org/Object: \_\_\_\_\_

Personnel Org/Object: \_\_\_\_\_

Expenditure Org/Object: \_\_\_\_\_

CFDA #: \_\_\_\_\_ (Federal Grants Only)

\_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Finance Director