Request to setup Non-Sponsored Project

Project: GHSF11234

Source of funding: Georgia Health Sciences Foundation - 1234
Example: MCG Dental Foundation

Project Manager: Smith,John
Example: Smith, John

Description: GHSF COMMUNITY SERVICE

Requestor: Doe,Jane Requestor Phone #: 1234

Effective Dates of Project – Begin Date: 07/01/2010 End Date: 06/30/2011
Example: 07/01/2003 *06/30/2005*

Overall Project Amount: 10,000.00 Remaining: 5,000.00

Chartfield to charge to if project fails budget check: 10000 20102001 16700 11000
Example: 10000 20102001 16700 11000

Budget Data

Account	Fund	Department	Program	Class	Project	Amount
600000	20090	12345678	13100	64090	GHSF11234	2,000.00
700000	20090	12345678	13100	64090	GHSF11234	3,000.00

Authorized Signature: SIGN HERE 5,000.00

Foundation Approval (for foundation account only) : SIGN HERE

----------Controller's Use----------

Project ID assignee: _____ Project entered by: _____ Budget entered by: _____

Attach additional sheets as necessary

Routing: Please forward this form to the Controller's Office via campus mail or fax to 1-1648. After the project is setup, the form will be forwarded to Budget to be entered. Budget will contact the requestor to notify them of completion.