Request to setup Non-Sponsored Project

Project: _____

Source of funding: _____
Example: MCG Dental Foundation

Project Manager: _____
Example: Smith, John

Description: _____

Requestor: _____ Requestor Phone #: _____

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

Overall Project Amount: _____ Remaining: 0.00

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

Budget Data

Account	Fund	Department	Program	Class	Project	Amount

Authorized Signature: _____ 0.00

Foundation Approval (for foundation account only) : _____

----------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.