



AUGUSTA UNIVERSITY
FOUNDATION

REQUEST TO CHANGE/CLOSE FUND

Date: _____ Form Prepared By: _____ Phone: _____

Fund Number: _____ Current Fund Name: _____

CHANGE FUND

CLOSE FUND

NEW Fund Name: _____

Current Fund Purpose:

NEW Fund Purpose:

NEW College/VP Area: _____

NEW Department/Academic Area: _____

Justification for Change/Closure or other requested updates. Please describe in detail the changes requested.

AUTHORIZED SIGNATORY APPROVAL

Name: _____ Title: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Please return completed form to AU Foundation Accounting.

1120 15th Street, AD-1104, Augusta, GA 30912 foundationacctng@augusta.edu (706)-721-4001

-----Foundation Use Only-----

Reviewed by:

Name: _____ **Name:** _____

Title: _____ **Title:** _____

Signature: _____ **Date:** _____ **Signature:** _____ **Date:** _____