



AUGUSTA UNIVERSITY  
**FOUNDATION**

**REQUEST TO OPEN FUND**

Date: \_\_\_\_\_ Form Prepared By: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Fund Purpose:

Brief Fund Description: *(Limited to 256 characters, including spaces, no special characters or formatting.)*

*Please note that original correspondence from the donor or other documentation specifying the donor(s) intent for the use of this fund and any further restrictions which the department/unit may want to place on it must be attached.*

College/VP Area: \_\_\_\_\_ Department/Academic Unit: \_\_\_\_\_

Fund Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Donor Address: \_\_\_\_\_

Form of Funding:

Type of Fund:

Requestor's Name: \_\_\_\_\_ Requestor's Department: \_\_\_\_\_

Requestor's Phone: \_\_\_\_\_ Requestor's Email: \_\_\_\_\_

*The fund will be established only with the understanding that all Foundation compliance documents and required reviews are complete before and fund expenditures are requested. An Authorized Signature Form will also need to be submitted once established.*

Fund Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Notes:

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**Please return completed form AU Foundation Accounting.**

1120 15<sup>th</sup> Street, AD-1104, Augusta, GA 30912 [foundationacctng@augusta.edu](mailto:foundationacctng@augusta.edu) (706)-721-4001

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

Reviewed by:

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_