



**AUGUSTA**  
UNIVERSITY

# Fund Change Request Form

**AUF**

**GHSF**

Request to **CHANGE** Fund

Fund Number: \_\_\_\_\_

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

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

Current Purpose: _____ _____ _____	New Purpose: _____ _____ _____
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Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request to **CLOSE** Fund

Fund Number: \_\_\_\_\_

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

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Authorized Signatory: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Campus Address: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Vicky Medlock, AVP Advancement Operations

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Stephen Lamb, Chief Financial Officer

**For internal use only:**

Date Added in Raisers Edge System: \_\_\_\_\_ GHSF Gift Processor: \_\_\_\_\_

Date Recorded in GHSF Accounting System: \_\_\_\_\_ GHSF Accountant: \_\_\_\_\_