



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: _____

Please return completed form 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: _____