

# University of New Orleans Foundation Request for New Foundation Account

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

College or Administrative  
Office \_\_\_\_\_

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

Account Administrator \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_

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

Type of Account:  
(please select one)

ENDOWMENT (Only interest earnings may be spent)

RESTRICTED (All deposits may be spent)

Purpose of Account:  
(please select one)

Scholarship/Award

Department Development

Building Funds

Research

Educational Studies

Detail Description:  
\_\_\_\_\_  
\_\_\_\_\_

Source of Funding

Grant

Contract

Contributions

Other \*

\* explain in detail description above

Approval \_\_\_\_\_  
Vice President or Dean's Signature

FORM WILL NOT BE PROCESSED  
WITHOUT SIGNATURE

Return to: Andrew Pitman CFO, ATC Suite 420, Research Park

(For Foundation Accounting Office Use Only)

Restricted Account Number

Endowed Account Number

\_\_\_\_\_

\_\_\_\_\_  
(Principal)

\_\_\_\_\_  
(Earnings)

\_\_\_\_\_  
Chief Financial Officer

\_\_\_\_\_  
Date

## Instructions for New Account Form

**College or Administrative Office:** College or administrative office that over sees department

**Department Name:** Department that will benefit from funds and be responsible for administration of account

**Account Administrator** Person who is responsible for administration of account and who must sign off on all check request & transfer of funds request forms  
(Could be more than one person; all individuals authorized to access funds must be listed and sign form)

**Signature of Administrator:** Must have administrator's signature                      **Extension:** Phone extension of administrator

**Account Title:** Name must relate to purpose of account and be unique

**Type of Account:**                      **(You must select ONE)**  
                    **Endowed**                      (Only interest earnings may be spent)  
                    **Restricted**                      (All deposits may be spent)

**Purpose of Account:**                      Select one of the categories that best describes the accounts purpose  
    Department Development - dept. travel, supplies, conferences, etc.  
    Educational Studies - seminars, training courses, enhancing educational programs  
    Building funds - funds raised for the construction of or repairs to facilities  
    Research & Scholarships - self explanatory

**Detail Description:**                      Describe what the account will be supporting. Also include the source of the funds to be deposited in the account. Example: Donor Contributions, fund raising event, other earned revenue, private grant, etc.

**If it is a grant or a contract please mark one and list the granting agency or organization that is contracting with Dept. in the detail description area above.**

**The Foundation Office will assign an account number and return a copy of the request form with the account number back to the account administrator.**