



Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

Office of the Controller New Fund or Org Request Form

- Department's Name: _____
- Financial Manager's Name and Sam ID: _____
- Proposed Title **(must be less than 35 characters)** _____
- Please provide a comprehensive narrative describing the activity to be recorded in the requested code(s). Please include source of funds and types of expenditures.

- Are you requesting a fund or Org code?
Fund **(continue with #6)** _____ Org **(skip to #7)** _____
- Select the type of fund requested:

Enrichment or "Friends of" Approved Student Fees (please describe in #4 above)	Student Extracurricular Activities Auxiliary Support (must attach Auxiliary Fund Request Questionnaire)
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 Agency **(must attach Agency Funds Form)** _____
 Other **(provide description):** _____
- What fund(s) will be used with this org? **(skip if requesting a new fund)** _____
- Will this fund have a default org? If so, please list that org. **(skip if requesting a new org)** _____

Prepared by: _____	Signature: _____
Date: _____	Phone Number: _____ Email: _____
Approvals:	
Financial Manager _____	Date _____
Dept. Head/Director _____	Date _____
Dean of College _____	Date _____
Provost/Vice President _____	Date _____
Controller's Office Use Only:	
Fund Assigned: _____	Org Assigned: _____
Processed by: _____	Date _____
Authorization _____	Date _____

Please direct any questions to Lisa Lucas in the Controller's Office.

Please list a contact if there are additional questions: Name: _____ Phone number: _____ Email: _____

Please route this form along with the appropriate associated forms to: Controller's Office Attn: Lisa Lucas Box 2183 Thomason 201 Phone: 936-294-2552 Fax: 936-294-3054
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