



Fund Administration Update

This form is used to request a change in Responsible Party or the College/Unit for a fund.

Department Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Section I - Fund Information

This section should be completed by the current Responsible Party on the fund. Provide the current fund information as well as the reason for the requested change.

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

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

College/Unit \_\_\_\_\_ Department \_\_\_\_\_

Reason for Change(s):

Three horizontal lines for text entry.

Signature of Current Responsible Party

Printed Name of Current Responsible Party

Date

Section II - Requested Changes

This section should be completed by the new Responsible Party on the fund. Identify the new College/Unit, Department, Fund Administrator and Authorized Signers to ensure all fund updates are made.

College/Unit \_\_\_\_\_ Department \_\_\_\_\_ Web Report Access

Responsible Party \_\_\_\_\_

Fund Administrator \_\_\_\_\_
The Fund Administrator is NOT an authorized signer unless he/she is listed as one of the authorized signers below.

The Responsible Party Designees and Additional Approvers authorized on this fund must be provided below.

Responsible Party Designees (Up to two designees)
Someone authorized by the Responsible Party to sign on his/her behalf.

Additional Approvers (Up to three additional signers)
Someone authorized to approve transactions that do not require the approval of the Responsible Party.

- 1. \_\_\_\_\_ Web Report Access
2. \_\_\_\_\_ Web Report Access

- 1. \_\_\_\_\_ Web Report Access
2. \_\_\_\_\_ Web Report Access
3. \_\_\_\_\_ Web Report Access

NOTE: If a signer listed above does not already have an Authorized Signer Request form on file with the Foundation, the signer must complete the Authorized Signer Request form before he/she will be allowed to approve disbursements from the fund. The Authorized Signer Request form is available under the Funds Management Section of the FSU Foundation website at http://foundation.fsu.edu/about/forms-and-resources.

Signature of New Responsible Party

Printed Name of New Responsible Party

Date

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

Table with 4 columns: Field (Approved By, Updated By), Date, and two empty columns.