

Foundation Accounting 2010 Levy Avenue Building B, Suite 300 Tallahassee, FL 32310 AccountingForms@foundation.fsu.edu

## **Fund Change Form**

This form is used to request a <u>change in the college/unit, department, name, purpose or administration of a fund</u>. For changes of name or purpose to funds that were originally established based on a gift agreement or other form of directive from a donor, you must attach written documentation showing that the donor is in agreement with the requested changes.

epartment Contact		Phone Number		
ection I – Fund Information				
changes are being requested to multiple funds, please attach a separate quested changes.	e spreadsheet d	etailing each fund	d number and fund name and the	
und Number				
und Name				
eason for Change(s):				
ection II – Requested Fund Changes				
College/Unit				
OMNI Department ID (6 digits)				
Fund Name (If this is a donor fund, include documentation from d			20.)	
Fund (1 unis is a donor fund, include documentation from d	ionor requesting	change in fund nan	ic. <i>)</i>	
Fund Purpose (Include a full description of the purpose for the fu	and Datail and	astrictions the de	or has placed on the use of denotions 1	
the types of disbursements that will be made. Attach donor agreement		estrictions the donc	or has placed on the use of donations and	
	Si	For Web Report Access Signature of new RP Include OMNI ID		
Responsible Party		gnature of new Kr	·	
_	-		<del></del>	
Fund Administrator The Fund Administrator is NOT an authorized signer unless h	ne/she is listed o	us one of the auth	orized signers below.	
· ·		v		
<b>Responsible Party Designees</b> (Up to two designees)  Someone authorized by the Responsible Party to sign on		Additional Approvers (Up to three additional signers)  Someone authorized to approve transactions that do		
his/her behalf.		not require the approval of the Responsible Party.		
For Web Report Access			For Web Report Access	
Include OMNI ID		Include		
1	1			
2		2		
	3			
Section III – Fund Approval				
Signature of Responsible Party is required and constitutes	annroval of a	ll information o	on this form	
signature of responsible rurty is required and constitutes	approvar or a		on this form	
Cionativa of Domonoiklo Poetri Deinted Nomo	of Responsible	lo Doutre	Data	
Signature of Responsible Party Printed Name  FOR OFFICE USE ONLY-DO N		•	Date UNIT	
			AIO LINE	
Approved By  Attribute Change VSE		Date VCE Cub		
Attribute Change VSE		VSE Sub		
Updated By	] ]	Date		

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