

**New Fund Number Request (for funding >= \$5,000)**Note: For funds < \$5,000 contact Charlene Bellows x5577 or [cbellows@wpi.edu](mailto:cbellows@wpi.edu)

SEND COMPLETED FORM TO CHARLENE BELLOW, ASSOCIATE CONTROLLER, Boynton Hall, 2nd Floor

SEE PAGE 2 FOR INSTRUCTIONS

**Section I: REQUESTOR INFORMATION**

Date: \_\_\_\_\_ Requestor Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Department: \_\_\_\_\_ Signature: \_\_\_\_\_

1. Please check one fund category:

**Externally funded:****Gifts:**

\_\_\_\_ Endowed (over \$50K)  
\_\_\_\_ Building/Renovation  
\_\_\_\_ Department  
\_\_\_\_ Program Support  
\_\_\_\_ Scholarship (unendowed)

**Planned Giving:**

\_\_\_\_ Char. Annuity  
\_\_\_\_ Balance Income  
\_\_\_\_ Pooled Income  
\_\_\_\_ Beneficial Interest in External Trust

**Contracts (non-OSP):**

\_\_\_\_ MQP  
\_\_\_\_ Foundation

**Fees:**

\_\_\_\_ Membership  
\_\_\_\_ Program Tuition

**Internally funded: (Funds allocated by WPI management)**

\_\_\_\_ Conference  
\_\_\_\_ Other (Provide & funding source FOAPAL) \_\_\_\_\_

**Student Activity Groups: (Funds to support student clubs & organizations)**

\_\_\_\_ Class I (Special Interest Groups)      \_\_\_\_ Class III (Campus Wide)  
\_\_\_\_ Class II (Club Sports)      \_\_\_\_ Class IV (Other Organizations)

2. Title of Fund: \_\_\_\_\_

(Title in Banner is limited to 35 characters)

3. Financial Manager Name: \_\_\_\_\_ 4. Funding Amount: \_\_\_\_\_

5. Purpose of New Fund: \_\_\_\_\_

6. Describe Funding Source: \_\_\_\_\_

(Attach gift agreement or other supporting documentation)

7. Status of funding:

Already Received by WPI:

\_\_\_\_ In Advancement  
\_\_\_\_ Attached  
\_\_\_\_ Other(provide details)

To be billed:

\_\_\_\_ By Department  
\_\_\_\_ By Finance & Operations

To be Received:

Anticipated date of receipt: \_\_\_\_\_

Date &amp; Amount Rec'd: \_\_\_\_\_

8. Who is authorized to approve expenditures on this fund: \_\_\_\_\_ Dept: \_\_\_\_\_

9. Who should have access to this fund in Banner? \_\_\_\_\_

10. If fund is overdrawn, provide a fund and org to absorb the deficit (REQUIRED) Fund: \_\_\_\_\_ Org: \_\_\_\_\_

**Section 2: DEPARTMENT HEAD APPROVAL (Required)**

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section 3: CONTROLLER'S OFFICE USE ONLY****APPROVED BY:**

Fund Type: \_\_\_\_\_ Pred. Fund: \_\_\_\_\_ Fund # \_\_\_\_\_ Org: \_\_\_\_\_ Program: \_\_\_\_\_

Est. by: \_\_\_\_\_ Date: \_\_\_\_\_ Emails sent: \_\_\_\_\_ Rest. Ind: \_\_\_\_\_ Multi FB Ind: \_\_\_\_\_

Eff Date: July 1, \_\_\_\_\_