

Request to Close Foundation Account

Date Requested	Department
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Contact Information (Information on this account will be communicated to the Business Manager unless otherwise requested)

Business Manager:		
Telephone:	Fax:	E-mail:

Account Information

Account Number	
Name of account	
Reason to close account	

Signature Authority (Closing the account will require the Account Custodian signature and one other)

Type or Print Name	Signatures (Please sign inside the box)	Phone and Fax	
		(Phone)	
Account Custodian		(Email)	
		(Phone)	
Department Head		(Email)	

Approval

Executive VP/CFO or President/CEO		Date:
Accounts Payable		Date:
Accounts Receivable		Date:

Return this form LSU Health Sciences Foundation via Campus Mail