

Request for New Foundation Account

Date Requested	Department Establishing Account
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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

Suggested name of account							
Purpose of account							
Documentation	Please attach any documents which specify restrictions on the use of donations to this account. For endowed accounts, attach the completed endowment agreement. Award endowments require documentation specifying selection criteria, eligibility requirements, process of selection, amount of award, and other relevant criteria.						
Check one:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; padding: 2px 5px;">Endowed</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;">Non-endowed</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Endowed	<input type="checkbox"/>	Non-endowed	<input type="checkbox"/>	Return to: LSU Health Sciences Foundation via campus mail	
Endowed	<input type="checkbox"/>						
Non-endowed	<input type="checkbox"/>						

Signature Authority (Changes to and Payments from 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)	
		(Phone)	
Dean (If applicable)		(Email)	

Approval

Chancellor/VP Finance		Date:
Executive VP/CFO		Date:

Foundation Use Only

Account Number: _____ Account Name: _____

Processed By: _____ Date: _____ Distributed: _____