

Form 2: Request for Update to Established Foundation Account

Date Requested	Project ID	Area Requiring Updating		
		Contact <input type="checkbox"/>	Account Information <input type="checkbox"/>	Signature Authority <input type="checkbox"/>

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

Business Manager		
Telephone:	Fax:	Email:

Account Information

Current or proposed 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="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Endowed</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;"></td> </tr> <tr> <td style="padding-right: 10px;">Non-endowed</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;"></td> </tr> </table>	Endowed		Non-endowed	
Endowed					
Non-endowed					
Return to: LSU Health Sciences Foundation via campus mail					

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		Date:
Executive VP/CFO		Date:

Foundation Use Only

Account Number: _____ Account Name: _____

Processed By: _____ Date: _____ Distributed: _____