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|  | Request for New Banner Fund  |
| **Fund Characteristics** |
| **Request:** | [x]  New Fund Request |[ ]  Modify Existing Fund:  |
| **Fund Type:** | Sales and Services -Please Complete Sales Activity Form | ⯆ | **Budgeted:** | --- | ⯆ | **Endowment:** | --- | ⯆ |
| **Recommended Fund Title:** |  |
| **Department:** |  |
| **Financial Manager Name:** |  |
| **Banner ID:** |  | **Financial Manager Title:** |  |
| **Financial Manager’s Supervisor:** |  |
| **Describe the Purpose of the Fund Creation and the Source of Funds Supporting the Fund:** |
| **Fund Purpose:** |  |
| **Source of Funds:** | --- | ⯆ | **Anticipated Total Annual Receipts:** |  |
| **Explanation/Other Sources:** |  |
| **Donor Restrictions:** | --- | ⯆ | **University Restrictions:** | --- | ⯆ |
| **Describe any Restrictions, Terms, or Conditions Established by Contract/Agreements Related to this Fund:** |
|  |
| **Describe the Type of Expenses that will be Paid from this Fund (i.e. Salaries, Supplies, Services, Equipment, etc.)** |
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| **By signing below, the financial manager agrees to comply with all State and University Polices, Rules, and Regulations in addition to the University's Spending Guidelines at** <http://www.uncp.edu/about-uncp/administration/departments/finance-and-administration/spending-guidelines> **and the Financial Manager's Responsibility and Accounting Policy BA 0405.** |
| * A positive cash balance must be maintained in non-state funds at all times. In the event that the fund incurs a deficit cash balance without approval from the Vice Chancellor for Finance and Administration, the fund may be terminated and the Department/Unit required to immediately cover the deficit from other available funds.
* Expenditures from this fund must be for the purposes provided for in this fund authority.

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| Activities recorded in the financial system for this fund must be reconciled and reviewed no less than monthly. Documentation of the reconciliation and review must be maintained for audit purposes. * Non-State/Trust funds are subject to the same expenditure guidelines as state appropriated funds with
 |
|  limited exceptions (see Spending Guidelines). |  | lines |  |  |  |  |  |  |  |

* It is your responsibility, as owner of this fund to provide in writing to the Controller’s Office, any change in the activities or information represented to us regarding this Fund or if the ownership of the Fund changes.
 |
| **Fund Manager Signature:** |  | **Date:** |
| **Print Name:** |  |
| **Vice Chancellor Approval:** |   | **Date:** |
| **Print Name:** |  |