EASTERN WASHINGTON UNIVERSITY
FOUNDATION

102 HAR (MS), 359-2813 (T), 359-4738 (F)

ACCOUNT REQUEST/ UPDATE FORM

The following information is required to create an account with the Foundation. Please complete this form and return it the Foundation Accounting and Finance Office (102 HAR). If you have any questions concerning this form, please contact Foundation Accounting and Finance at 359-2813. This form must be Printed or Typed. If you need more room, please attach additional pages.

1. REQUESTING DEPARTMENT: _____

2. ACCOUNT NAME: _____

3. PURPOSE OF ACCOUNT: _____

_____

4. SOURCE OF CONTRIBUTIONS:

_____

5. TYPE OF EXPENDITURES AUTHORIZED FROM THIS ACCOUNT:

_____

6. DISPOSITION OF FUNDS UPON TERMINATION OF ACCOUNT:

_____

7. PERSONS AUTHORIZED TO MAKE EXPENDITURES FROM THIS ACCOUNT:

Type Name	Authorized Amount	Signature
Type Name	Authorized Amount	Signature
Type Name	Authorized Amount	Signature

Type Name _____ College/Division _____ Vice President/Dean Account Administrator Signature _____

8. WHO IS TO RECEIVE MONTHLY ACCOUNTING STATEMENTS?

Type Name	Mail Stop	Extension	Fax	Email

9. HOW LONG WILL THIS ACCOUNT BE ACTIVE? _____

10. OTHER REMARKS: _____

_____

- *All funds collected will be held and applied according to the purpose for which the project was established. Good business practices will be exercised in all transactions affecting the project. Each obligation will bear the authorization of an individual named in this agreement.*
- *It is the responsibility of the Account Administrator to reconcile the accounts monthly to his/her records. If they do not agree, the Account Administrator must notify the Foundation Accounting Office within sixty days from the end of the month. If no objections are received, the records are deemed to be in agreement.*

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Account #

Processed by: _____ (Type Name) _____ (Signature) _____ (Date)

Approved by: _____ (Type Name) _____ (Director of Finance) _____ (Date)

Revised 08/2008