

## Restricted Fund 400 Request Form

Prepare this form after reading the [Agency Fund 400 Policy and Procedures](#) and submit the completed form to Controller's Office, 110 Carlotti Administration Bldg. Kingston

### Proposed Restricted Fund Information

Fund Title: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Restriction on Fundi: \_\_\_\_\_

Purpose of Restricted Fund - Explain circumstances which create a need for this agency fund:

Explain how the money will be received, types of income and what kind of expenditure will be appropriate for this fund:

### URI Responsible Person Information:

Name & Title:

Department:

Phone:

Email:

[Chartfield Create Form](#) attached    Agency Agreement attached    [Signature Authorization Form](#) attached

I have read the Restricted Fund 400 Policy and Procedures and will administer this fund in accordance with Federal, State, Agency and University policies.

Responsible Person

Approval by Department Head, Dean, VP or President

### Controller's Office Use Only:

Approval for Setup: \_\_\_\_\_ Forwarded to Budget Office: \_\_\_\_\_

Chartfield String: \_\_\_\_\_