

BRIGHAM YOUNG UNIVERSITY
Endowment Operating Unit Set-up Request
 Return to Paul Larsen C-233 ASB

Date: _____

Operating Unit _____
 (Financial Services use only)

PLEASE PROVIDE THE FOLLOWING INFORMATION IN DETAIL.
**ATTACH DOCUMENTATION EXPLAINING THE PURPOSE OF THE OPERATING UNIT, INCLUDING
 AGREEMENTS AND COMMUNICATIONS WITH DONORS**

Endowment Name _____
 (Limited to 30 Characters)

1. Endowment Long Description: _____
2. Purpose of the Endowment (how it will be used): _____

3. Describe all sources of funds: _____

4. Types of expenditures: _____

5. Transfers needed to create the endowment (Operating Units and amounts): _____

6. Responsible Person: Name _____ Address _____ Phone _____ Route Y ID _____	Contact Person: Name _____ Address _____ Phone _____ Route Y ID _____
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7. College/Division _____
 Department _____
 Department Operating Unit _____ (or Operating Unit range new Unit should be grouped with)

Requested by (Dept use only) _____	Signature _____	e-mail address _____	Date _____
Controller Approval (Required) _____	Signature _____	e-mail address _____	Date _____

If e-mail address is provided, notification will be sent when Operating Unit has been activated

Financial Services Use Only

UFS APPROVALS:

	_____ Received Date
_____ Director/Supervisor	_____ Date
_____ Chief Financial Officer	_____ Date
	_____ Setup by
	_____ Date
	_____ Name Approved by President's Council
	_____ Date