

Request to setup Non-Sponsored Project

Project: _____

Source of funding: _____
Example: MCG Dental Foundation

Project Manager: _____
Example: Smith, John

Description: _____

Requestor: _____ Requestor Phone #: _____

Effective Dates of Project – Begin Date: _____ End Date: _____
Example: 07/01/2003 06/30/2005

Overall Project Amount: _____ Remaining: _____

Chartfield to charge to if project fails budget check: _____
Example: 10000 20102001 16700 11000

Budget Data

Account	Fund	Department	Program	Class	Project	Amount

Authorized Signature: _____

Foundation Approval (for foundation account only) : _____

-----**Controller's Use**-----

Project ID assignee: _____ Project entered by: _____ Budget entered by: _____