

Date of Request: _____

Account Name: _____

Description of Purpose: (e.g. scholarship, building, faculty, special projects, discretionary)

Division/College

School/Center

Department

Type of monetary commitment to support this account request:

(If this is a pledge, a donor signed pledge form must be attached before a fund number will be assigned)

Pledge

Planned Gift

Checks/CC

University Initiative: Yes No If yes, please select one of the options:

Diversity Environment/Sustainability Environmental/Native American International Native American

Fund type:

Endowment – LOU must be completed

Restricted/Non Endowed Scholarships – LOA must be completed

Restricted/Non Endowed - Program

Discretionary Account – Deans Funds - general purpose for departments

Requester Name

Phone #

Department/Box #

Department Contact Name

Phone #

- The undersigned requests that a Foundation account be established under the conditions of, and for the purposes stated in, this application. The Northern Arizona University Foundation, Inc. [NAUF] is a private, non-profit corporation organized under Section 501(c)(3) of the Internal Revenue Service Code of 1954 and its Regulations as they now exist or as they may hereafter be amended. All transactions for this account are subject to the policies and regulations of the NAU Foundation, Inc. and the Internal Revenue Service.
- The NAUF will send receipts to each donor for all gifts, contributions and donations received for tax purposes, along with a letter of acknowledgment when appropriate.
- The college/unit agrees to maintain a minimum balance of \$500 at all times and to keep an accounting of the balance each month.
- All expenditures from this fund must be processed on the NAUF Check Request Form. Original receipts and/or supporting documentation MUST be attached to each check request for audit purposes.
- Check requests will not be processed from this account unless there are adequate funds available to pay the costs in full. Fiscal agents who knowingly overdraw accounts may be subject to cancellation of their access to the Foundation.

Authorized signatures:

VP/Dean/Director

Printed Name

Phone #

Department Head/Chair

Printed Name

Phone #