

Fund Summary Sheet



Name:	
Date:	

Original	Endowed	External	Scholarship	Exclude from Web
Amended	Non-endowed	Internal	Non-scholarship	Intend to Endow

Fund Name (Please fill-in for fund change also)	
Donor/Funding Source	\$ Amount
College	Department

Fund Purpose	Fund Change (Fund Number:)
(Detail the fund purpose or fund change below)	

IMO	IHO	Name:	
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Special Handling Code (if needed):		Special handling instructions below:

Fund Contact(s) (who receives updates for this fund):	
Name:	Constituent #:
Address:	
Name:	Constituent #:
Address:	

Authorized Signers for Use	
(minimum two/maximum six - unless Office of Financial Aid awarding, then none required)	
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

Accounting Use Only

Fund #:	Fund Group:	Purpose Code:
UPMIFA AttrVal:	Neg Quasi AttrVal:	
Entered by:	Date:	