



SEATTLE UNIVERSITY

REQUEST FOR NEW RESTRICTED GIFT FUND

Advancement Services
ADMN 305B
(206) 220-8466

INSTRUCTIONS: Please use this form to request a new restricted gift fund. In order to qualify, a funding source and rationale must be clearly articulated. Please complete this form in full and forward to Advancement Services (ADMN 305B) for review and approval. If approved, form will be forwarded to the Finance Office for final approval and assignment of a gift fund GL number. **When requesting a new scholarship fund, please consult with Donor Relations (x2321).**

Requested Fund Name: _____

Cost Center Responsible: _____

Cost Center GL Number: _____ Cost Center Manager: _____

Rationale for Fund Request:

Source of funding:

Estimated income: _____

Estimated expenses: _____ Closing date of fund: _____

How should excess funds be utilized? _____

Please list (if any) external restrictions on use of funds and/or external reporting requirements:

(Should you need more space, please attach additional paperwork)

Person Submitting Form:

Person Authorizing Form (Dean, AVP, Budget Mgr, etc.):

Name (print)

Name (print)

Signature Date

Signature Date

Approved, Advancement Services:

Approved, Finance Office:

Signature, Advancement Services Date

Signature, Finance Date