



Project/Fund Balance Request Form

Requestor Name: Dept: Ext.: Date:

Email address where the report will be sent:

Date Required: (Allow a minimum of 5-7 business days)

Section I: Briefly explain your request:

Section II: Requested Projects/Funds

Fund #: Fund Description:

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Section III: Confidentiality Agreement

- 1. The data requested is privileged and confidential information.
2. I will shred or return old reports.

Requester Signature Date

Department Head or Director's Signature* Print Name Date

Dean's Signature* Print Name Date

*all requests must be approved by the Athletic Director, and only one request will be processed per month, per fund. Please note that the data is subject to change and my not include all recent activity due to processing times.

(For Office Use Only)

Approved By: Senior Director of Finance & Accounting Date

Reviewed By: ESU Foundation Director Advancement Services Date

Completed By: Date Completed:

Delivered to Requester on Date sent via Campus Mail E-mail Hand delivered