

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 may not include all recent activity due to processing times.

(For Office Use Only)

Approved By: _____
Senior Director of Finance & Accounting *Date*

Reviewed By: _____
Executive Director, ESU Foundation *Date*

Completed By: _____ **Date Completed:** _____

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