DIVISION OF AGRICULTURE
RESEARCH & EXTENSION
University of Arkansas System

FINANCE-217
Rev: 1/13/2017

U of A Cooperative Extension Service

New Fund Number/Fund Revision Request

☐ New ☐ Revision ☐ Inactivate/Close

Date: _____

Requested by: _____

Current Fund Number: _____

Current Fund Name: _____

Current Financial Manager: _____

Proposed Fund Name: _____

Proposed Financial Manager: _____

Department Supervisor: _____

Justification for Request:

_____

Support personnel responsible for entering requisitions into Banner:

1 _____
2 _____
3 _____

Support personnel responsible for viewing the fund in ePrint:

1 _____
2 _____
3 _____

Signature of Current Financial Manager **Date**

Signature of Proposed Financial Manager **Date**

Signature of Department Supervisor **Date**

Director of Financial Services **Date**

Print Clear Form