

BRIGHAM YOUNG UNIVERSITY
Restricted/Designated Operating Unit Set-up Request
 Return to Terilee Hutchings C-233 ASB

Date: _____

Operating Unit _____
 (Financial Services use only)

PLEASE PROVIDE THE FOLLOWING INFORMATION IN DETAIL.
ATTACH DOCUMENTATION EXPLAINING THE PURPOSE OF THE OPERATING UNIT, INCLUDING COMMUNICATIONS WITH DONORS

1. Account Title: _____
 (Limited to 30 Characters)

2. Long Description: _____

3. Purpose of the Operating Unit (how it will be used): _____

4. Describe all sources of funds: _____

5. Types of expenditures: _____

6. Persons authorized to spend funds (list):

7. Responsible Person:
 Name _____
 Address _____
 Phone _____
 Net ID _____

Contact Person:
 Name _____
 Address _____
 Phone _____
 Net ID _____

8. College/Division _____
 Department _____

Department Operating Unit _____ (or Operating Unit range new Unit should be grouped with)

Requested by (Dept use only) _____
 Signature e-mail address Date

Controller Approval (Required) _____
 Signature e-mail address Date

If e-mail address is provided, notification will be sent when Operating Unit has been activated

Financial Services Use Only

UFS APPROVALS: _____ Received _____

Director/Supervisor _____ Date _____ Set up by _____ Date _____

Chief Financial Officer _____ Date _____

19 Designated	<input type="checkbox"/>	Interest	Yes	<input type="checkbox"/>
20 Faculty Consolid	<input type="checkbox"/>		No	<input type="checkbox"/>
23 Unrestricted	<input type="checkbox"/>			
51 Restricted	<input type="checkbox"/>			