Instructions: Complete this form to request, change or terminate a Fund code. The form can also be used to add, change or terminate financial manager(s) or approval level(s) associated with the fund.   If the form is being completed for internally funded research, send completed form to Research Accounting Services via e-mail at fundnumber@drexel.edu. For all other fund numbers, send completed form to Financial Reporting via e-mail at genaccting@drexel.edu. For questions contact 215-895-0281.

Select which Chart of Accounts the Fund is being requested for :

Fund

New   Revision   Termination

NEW FUNDS - This section is to be completed for new fund requests only.

1.) Please provide corresponding Org Number in the
                                    space to the right:

2.) Please identify the source of funding from the drop
                                down list to the right:

Note: Requests for Externally Funded Research Funds must be requested through Coeus system.

2a) For **Unrestricted, Designated and Restricted and Internally Funded Research** Funds, provide Fund number and Org number (and their corresponding descriptions) that is the source of funds in the space provided:

2b.) For **Self-Funded, Gift or Other** funding please describe the funding in the space provided:

INTERNALLY FUNDED RESEARCH FUNDS ONLY - This section is to be completed for new Internally Funded Research fund requests only.

2c.) Org Number being granted internal funding for research:

2d.) Org Title being granted internal funding for research:

2e.) Principal Investigator (First and Last Names):

2f.) Co-Principal Investigator(s): (First and Last Names):

2g.) Project Start Date:

2h.) Project End Date:

All requests for internally funded research funds must include award letter and Internally Funded Research Budget Form in addition to completed Fund Request form. This information should be sent to fundnumber@drexel.edu via e-mail.

REVISED FUNDS - This section is to be completed for revised fund requests only.

For Revised Fund: 3.) Please provide Fund # in space provided:

NEW OR REVISED FUNDS - Complete this section for New and Revised Funds.

4.) **Suggested or Revised Title (Max 35 characters):**

5.) **Justification** (attach supporting documentation for new or revised):

6.) Financial Manager: Enter in the boxes below the name, title and ID# of the financial manager responsible for the Fund.

Name: **Title:**   **ID#:**

Cost Center Financial Approver(s)

(CCR100 role provides approval authority for Concur Travel and Expense related to purchasing card transactions and out-of-pocket travel reimbursements. Each fund is limited to one CCR100 role. SSR050 role provides authority up to $5K in the Journal Entry Workflow **and** also provides Requestor Plus role in Smart Source; SWR050 role will provide authority up to $5K in Smart Source **ONLY** via the Requestor Plus Role; SSR100 role provides authority up to $25K, but is unlimited if no SSR200 role is defined; SSR900 is equivalent to SSR100 or SSR200 but will not be part of Smart Source workflow and is for audit purposes only.)

Add/Delete: **Name :**   **ID#**   **Level:**

Add/Delete: **Name :**   **ID#**   **Level:**

Add/Delete: **Name :**   **ID#**   **Level:**

Add/Delete: **Name :**   **ID#**   **Level:**

Add/Delete: **Name :**   **ID#**   **Level:**

Fund Approvals

Department Head Name: **Department Head Signature:**   **Date:**

Dean/Director/Vice President Name: **Dean/Director/Vice President Signature:**   **Date:**

SVP/EVP/Provost: **SVP/EVP/Provost Signature:**   **Date:**

Comptroller's Office Use Only

Fund #:   Org #:   **Program #:**   **Fund Roll-up:**

Net Asset Class:

Unrestricted   Restricted: Temporary   Restricted: Permanent

General Purpose   Specific Purpose