



Index Request

What is the general purpose of this index? _____

What are the anticipated expense types? (ie salaries & wages, fringe benefits, equipment, supplies, tuitions support) _____

How will this index be funded? _____

Note: Funding must be in the index before any expenses can be charged. Exceptions to be approved by FSO.
Gifts under \$1000 can be deposited into an existing departmental index.

If funding is from the Tech Fund, provide the MTF account number and the expected amount of funds that will be transferred from the Tech Fund. _____

Are there restrictions by the donor on the use of these funds? _____

Is there an anticipated end date for this index or is it ongoing? _____
If an end date, please provide the date: _____

Suggested Index Title? _____
Who will be the Financial Manager? _____
M# of Financial Manager? _____
Index requested by _____
Department Name _____
Department Organizational Code _____
Form completed by _____

Financial Services Approval _____
Signature and Date

Index _____
Fund _____
Org _____
Program _____