

REQUEST FOR NEW FOUNDATION FUND

Date:		
Department:		
Person Responsible for Administering Funds:		
Suggested Name of Fund:		
Source of Fund:		
Purpose of Fund:		
Fund Type:	☐ Endowed	
	Non-Endowed	
Approval:		
	Custodian's Signature	Date
Approval:		
	Department Head's Signature	Date
Approval:		
	Dean's Signature	Date
Return To:	LSU Health Foundation, New Orleans 2000 Tulane Avenue, 4th Floor New Orleans, LA 70112	
	Chief Financial Officer	Date
For Accounting Services Only		
New Foundation Fund Number:		
Date Fund Set Up:		