BUDGET REQUEST FORM - FUND SETUP

CLEAR FORM

New Fund ☐ **Revision** ☐ **Uniform Guidance** ☐

Chart of Accounts: **B** Status: **Active**

Grant No: G **Proposal No:** S

Fund Code:

Short Title:

(up to 35 characters in length, Long title will default from Proposal (FRAPROP))

Project Start Date:		**Term Date:**		**Exp. Date:**
Data Entry:	**Y**	**Fund Type:**		**Predecessor Fund:**
Financial Mgr: (UA ID and Name)				
Researcher ID: **(UA ID and Name)**				
Unbilled AR Acct:		**Revenue Acct:**	**Bank:** AC	**Cash :** AD
Default Org Code:				

F&A Cost Codes:

Default F&A Codes from Grant	**YES** ☐	**NO** ☐		
S&W ☐	TDC ☐	2MTDC ☐	**4MTDC** ☐	EVOS ☐
Rate Code	Percentage:	IDC Waiver:		
Charge Code: **7811**	**Distribution Code:**			

Stimulus Funding ☐

Billing Information:

Billed Accounts Receivable:

Comments:

REVIEWED BY

Budget Code:	**Budget Description:**
Budget Begin Date:	**Budget End Date:**
INPUT ONLY IF DIFFERENT THAN GRANT DEFAULT	

Fiscal Year:	**Budget Type:** **A**	**Transaction Date:**
	ACTIVE OR WORKING	ENTER ONLY IF DIFFERENT THAN DATE INPUT

Accounting Component:

COA	Fund	Orgn	Program Code
B			

Budgets are input in whole Dollars unless agency budget include cents

Budget Account Code	Increase	<Decrease>	Total Project
1001 Salaries			
1970 Staff Benefits			
2001 Travel - Domestic			
2301 Travel - Foreign			
3001 Services			
4001 Supplies			
5001 Capital Expend – No F&A			
6001 Student Aid – No F&A			
7001 F&A Cost %			
8001 Other Expenses			
8003 Assumption Budget			
Revenue	0.00	0.00	0.00
TOTALS	0.00	0.00	0.00

DATE BUDGET INPUT:

RBUD ☐ RBFO ☐

RSBD ☐ RSFO ☐

FOR USE WITH CAPITAL RSA FUNDING ONLY

Department Prepared by: _____ Phone: _____ Date: _____

GCS Reviewed By: _____ Date: _____

Revised 3-20-14