

**EXPENDABLE FUND ACCOUNT REQUEST FORM**

**Title  
and Purpose**

Fund Title Veterans Memorial Health

Purpose of Fund Provide programs and services for veterans affected by their military service.

(please attach award notice of grant or donor correspondence)

Fund Number (to be assigned by Grants Accounting) 250-20835-51200-24

**Source  
of  
Funds**

Is this a (n):

- Individual Gift
- Bequest
- Grant/Contract - Foundation or Corporate
- Grant/Contract - Governmental
- Faculty Practice
- Other (specify)

*This fund will be receiving funding from various sources and funds will be used according to the donors' intent.*

Is funding to be  one time or  repetitive? Indefinite / Unknown

If repetitive what is anticipated receipt schedule? N/A

Fund/Grant amount Initial amount \$120,000

Period \_\_\_\_\_

Does Grant/Contract pay Overhead:  Yes Rate 2%  No Explain \_\_\_\_\_

Basis:  Total Direct Cost  Other Explain \_\_\_\_\_

Does Grant/Contract pay fringe benefits?  Yes Rate 3%  No Explain \_\_\_\_\_

**External  
Reporting**

Is reporting to the grantor required?  No  Yes

If Yes, annual

other: (specify) annually

Is annual audit report required?  No  Yes

If Yes, specify \_\_\_\_\_

Is a public announcement of award required or desired by grantor  No  Yes

**Fund Authorization**

**for Payments**

Who is Fund Administrator? CAROLE PATTERSON / John Keston  
Monthly reports sent to? CAROLE PATTERSON / John Keston / Kumbakon  
Who is authorized to make expenditures from Fund? (Must adhere to Medical Center policy) John Keston / Dawn Hoffmann

**Fund Billing**

**for Services**

Will fund bill any one for services provided?  No  Yes  
If Yes, name organization or persons & address to be billed:

Who will perform the Billing? \_\_\_\_\_

**Deficits**

Will fund produce a deficit balance?  No  Yes  
If Yes, explain \_\_\_\_\_

**Approval**

Department Chairman/Director \_\_\_\_\_ Date: \_\_\_\_\_  
Division Vice President \_\_\_\_\_ Date: 7/23/09  
<sup>manager</sup> Director, Grant & Contract Mgt. \_\_\_\_\_ Date: 8/11/09  
Sr VP ~~Finance/CFO~~ \_\_\_\_\_ Date: 8/4/09  
President \_\_\_\_\_ Date: \_\_\_\_\_  
VP/Director Development Cather Kelley Date: 8/12/09  
(Individual Gifts & Bequests Only)

**After Approval**

**Copies to:**

- Department Chairman/Director
- Division Vice President
- Fund Administrator
- VP/Director, Development (Gifts & Bequests)