

SPECIFIC PURPOSE FUND AUTHORIZATION

Request Title and Purpose

Requested by Sister Karen Helfenstern Date: 12/15/95

Fund Title: Maintenance Fund
Chapel Renovations-Administration

Purpose of Fund: Maintenance of Chapel

(please attach award notice of grant or donor correspondence)

Fund Number:(to be assigned by Grants Accounting) 1506

Source of Funds

Source of Funds: Gifts

Is this a (n):

- Individual Gift
- Bequest
- Foundation Grant
- Corporation or Corporate Grant
- Government Grant
- Health Agency Grant (American Cancer Society, Etc.)
- Other (specify) _____

Is funding to be () one time or () repetitive ?
If repetitive what is anticipated receipt schedule ?

Fund Grant amount: 11/30/95 - \$10,677

Period: _____

Does Fund/Grant pay Overhead: () No () Yes Rate _____

Basis: () Total Direct Cost () Salary & Wages

Does Fund/Grant pay fringe benefits ? () No () Yes Rate _____

External Reporting

Is reporting to the grantor required ? () No () Yes

If Yes, annual

other: (specify) _____

Is annual audit report required ? () No (x) Yes

If Yes, specify To keep administrators up to date

Is a public announcement of award required or desired by grantor

() No () Yes

**Fund Authorization
for Payments and Uses**

Who is Fund Administrator? Sister Karen Helfenster

Who is Authorized to make expenditures from Fund? _____

Sister Karen Helfenster

Are payments restricted to specific purpose? () No (X) Yes

If Yes, check items allowed: () Salaries () Fringe Benefits

() Supplies () Capital Equipment () Operating Expenses

(X) Other (specify) Maintenance costs for Chapel

**Fund Billing
for Services**

Will fund bill any one for services provided? (X) No () Yes

If Yes, Name organization or persons & address to be billed:

Who will perform the Billing? _____

General

Will fund produce a deficit balance? () No () Yes

If Yes, explain _____

Approval

Department Chairman/Director _____	Date: _____
Division Vice President <u>Sister Karen Helfenster</u>	Date: <u>12/15/95</u>
Grants Accounting _____	Date: _____
Dir. Financial Operations _____	Date: _____
Vice President Development & _____	Date: _____
External Affairs (Individual Gifts & Bequests Only)	

After Approval

Copies to:

Department Chairman/Director
Vice President, Development
and External Affairs
Division Vice President

Fund Administrator