

## **Fund 233 Gift Account Form**

Requested By:  Email:  Department:			Phone:						
					Request Type:	New	Revision	Close	
						-character acco			es it is a gift from the UWL Foundation. aracter Foundation Fund account
Account Name: UWI	LFAcc	ount Description (20 charac	cters maximum)	Foundation Fund (XX##)					
Business purpose th	nat funds will be	e used for:							
Please indicate who	should receive	e an email notificat	ion upon the co	ompletion of this account request:					
WISDM Manager: _									
Business Manager:									
Budget Office:									
Foundation: Mary J	o Sandheinrich	and Kyle Sla <u>by</u>							
Grant Accountant: F	Rachel Hoskins	<u> </u>							
Department Adminis	strative Support	::		<u>-</u>					
Others in Departmer	nt:								
WISDM Manager Pr	inted Name:								
WISDM Manager Signo (No Designees)	gnature:			Date:					

Forward completed request to Business Services, 125 Graff Main Hall.

BUSINESS SERVICES 125 Graff Main Hall 1725 State St. | La Crosse, WI 54601 USA phone 608.785.8554 fax 608.785.8544 www.uwlax.edu/business-services/