

MCAD
New Project - Account Request Form

Project/Program Name: _____

Description of Project/Program: _____

Department Number: _____

Budget Amount (if applicable): \$ _____

Budget/Funding Source:

- ☐ Sales/fee revenue
 - ☐ Grant/contributions (attach donor/grantor restrictions)
 - ☐ Transfer from existing budget (attach Budget Transfer form)
 - ☐ 9-Fund capital reserves (ELC approval needed)
 - ☐ Other (please describe)
- _____

Do you anticipate charging expenses to this project using the MCAD Credit Card?

(If yes, the new department-project number can be chosen from the drop down when coding charges in Wells Fargo)

- ☐ Yes
- ☐ No

MCAD Program Contact(s): _____

(Those responsible for the program's budget, can authorize payments, and will receive reports from the Business Office)

Please sign, and return to the Business Office.

Requested By: _____
Signature

Date: _____

Approved By: _____
Signature

Date: _____

For Business Office Use:

Program Number Assigned: _____

Program Created On: _____

BO Staff Responsible: _____

Unrestricted (1 Fund)

- ☐ Received budget transfer form
- ☐ Sent budget template
- ☐ Updated GP segments, MR reports, and distribution list

Restricted (2 Fund)

- ☐ Received documentation showing donor restrictions
- ☐ Financial Aid notified (if scholarships to be awarded)
- ☐ Updated GP segments, MR reports, and distribution list

Capital/Plant (9 Fund)

- ☐ PAC approval received
- ☐ Budget transfer form received (if funds from existing project being used)
- ☐ Updated GP segments, MR reports, and distribution list