

**WESTERN CAROLINA UNIVERSITY
Subsidiary Fund Authority**

Banner Fund #: _____

Close Fund Date: _____

SFAFillable: Updated 7/02/2020

Accountable Officer and Designee CHANGES are recorded on the back of this sheet.

A subsidiary fund authority must be filed to establish a fund for the deposit and expenditure of University funds.
If the information now provided changes in the future, a new subsidiary fund authority must be submitted.

- 1. COMPLETE FUND TITLE:** _____
- 2. ACCOUNTABLE OFFICER:** Accountable Officer is responsible for initiating and approving all transactions within the fund. All funds must be received and disbursed by the Controller's Office.

<u>ACCOUNTABLE OFFICER</u>	<u>DESIGNEES</u>	
Print/Type Accountable Officer's Name as shown in Banner		
Signature		
	Print/Type Name as shown in Banner	Username
Username		

You may appoint up to four designee's, but ultimate administrative responsibility for and actions taken by the designees is the primary accountable officer's.

- 3. SPECIFY PRIMARY SOURCE OF FUNDS:** _____
- Does this Fund receive any Student Activity Fees? [Click Here](#)
- Is this Fund supported by another on-campus organization? [Click Here](#)
- Is this Fund to be used for recording sales of **Goods or Services**?** [Click Here](#)
- **If yes, you **MUST** complete the Sales Activity Questionnaire. See "Requesting and Maintaining Trust/Special Funds" on Controller's website.
- Are there any other sources of funds for this Fund? [Click Here](#)

- 4. SPECIFY PURPOSE OF FUND:** _____
- 5. SPECIFY ORGANIZATIONAL (ORG) FOR THIS FUNDS:** **CLICK HERE TO SELECT YOUR ORG**
- 6. NOTE ANY SPECIAL TERMS, CONDITIONS, OR RESTRICTIONS OF FUND AND TYPE OF REPORTING REQUIRED:**
- _____
- _____

7. BUDGET EFFECTIVE DATE: _____

8. APPROVALS:

Print/Type Department Head's Name as shown in Banner	Signature	Date
Print/Type Dean's Name as shown in Banner	Signature	Date
Print/Type Vice Chancellor's Name as shown in Banner	Signature	Date
Greg Plemmons Print/Type Controller's Name as shown in Banner	Signature	Date
David Steinbicker Print/Type Assoc V C of Admin & Finance Name as shown in Banner	Signature	Date

****Controller's Office Use Only****

Like Fund _____	Program _____	Foundation Code _____
Predecessor Fd _____	Budget Code _____	GASB Code _____
Bank _____	Endowment Code _____	NCAS Purp _____
Organization _____	Foundation Fd _____	Trust Code _____

UNCGA Information

FDM-FUND _____

Date and Initial

Set up fund and attributes
Email Information Roles
Database