

REQUEST FOR WBS ELEMENT (Restricted Non-Sponsored)

Fund Title: _____

Person Completing Form: _____ Phone No: _____

Project Type: Gift Other, please specify: _____

 If gift, it is processed through UT UT Foundation, related S Account _____

Donor's Name: _____

IRIS Customer Number (optional): _____

Expected Funds (Optional): \$ _____ Performance Period: _____ - _____ - _____ to _____ - _____ - _____

Business Area: _____ Functional Area: _____

Funds Center Number for WBS Element (REQUIRED): _____

College and Department: _____

Major Organizational Unit (MOU) Reporting Area: _____ Dean/Director Area: _____

RESPONSIBLE PERSON:

DEPT. BOOKKEEPER:

Name: _____

Name: _____

Personnel No: _____

Personnel No: _____

Does WBS element pay for Staff Benefits?

Yes

No

Additional Relevant Information (such as matching requirements, etc):

**PLEASE FORWARD THE COMPLETED AND SIGNED FORM TO YOUR CAMPUS BUSINESS OFFICE.
PLEASE ENSURE THAT DEVELOPMENT OFFICE IS NOTIFIED OF GIFTS.**

Development Office

Campus Business Officer

Date

Date