Clear Form

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): _____ **Fee Waiver?** ☐ **Yes** ☐ **No**

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:

Name: _____

Personnel No: _____

DEPT. BOOKKEEPER:

Name: _____

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	Dean / Budget Director	Campus Business Office
_____	_____	_____
Date	Date	Date