

**WOU Foundation**  
**Western Oregon University Internal Request for Fund – CHANGE**  
 Bring completed, signed forms to The Cottage or email to [foundation@wou.edu](mailto:foundation@wou.edu).

Requestor \_\_\_\_\_ Department \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

By completing this request, you acknowledge understanding of WOU Foundation policies and procedures found at [wou.edu/foundation](http://wou.edu/foundation). **Not all funds can be changed. This is a request only.**

**Change Requested**

Fund title \_\_\_\_\_  
 Please provide supporting documentation. For example, a form acknowledging a department name change or a letter of service if adding a person's name.

Purpose of fund, describe new purpose below.

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Why is the change necessary?

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Authorized signers (minimum of two)  
 An authorized signer may approve disbursements and request account balances. Signing authority may include a student, but a minimum of two employees is required. Regardless of those listed, managers must always sign for any employee to receive a reimbursement, in addition to an authorized signer. Please indicate if a specific signer is always required.

Title of authorized signer	Current person in position	Required
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Signers to be removed

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**Change Approvals**

**Department/division head approval**

Printed name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dean approval *(when appropriate)***

Printed name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**President's Cabinet approval**

Printed name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WOU Foundation approval**

Printed name \_\_\_\_\_ Title: Finance Director

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Title: Executive Director

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Title: Board Chair

Signature \_\_\_\_\_ Date \_\_\_\_\_

WOU FOUNDATION SECTION ONLY

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FUND NUMBER:

Fund Type: Unrestricted/Temporarily Restricted/ Permanently Restricted

Fund Purpose:

Fund Category:

Fund Department:

Fund Division:

Endowment Type:

Donor Relationships: (DONOR NAME(S) Can be more than one)

Donor Relationship Types: (Can be more than one type; originator, donor, report recipient)

- Added to Raiser's Edge (Checkbox)
- Added to Financial Edge (Checkbox)