



FUND CODE MAINTENANCE FORM (FTMFUND)

A. Complete for New Fund:

Fund Title: _____

Effective Date: _____

Financial Manager: _____ ID: _____

Organization Name: _____ ORG Code: _____

Purpose: _____

B. Security:

Employee Name	UALR ID (i.e., "jqpublic" not T#)	Type of Access Q, P, or B
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Approvals:

Head of Organization: _____ Date: _____

Dean/Vice Chancellor: _____ Date: _____

Financial Services: _____ Date: _____

AVCF/VCFA: _____ Date: _____

*** Financial Services Use Only ***

Grant: _____	Bank: _____
Fund Code: _____	Fund Type: _____
Effective Date: _____	Term Date: _____
Predecessor Fund: _____	
Purpose (line 30): Y N	Data Enter: Y N
Service Charge (line 100): Y N	Defaults: ORG _____ PROG _____