



**FOUNDATION**

**NSU FOUNDATION  
SPECIAL PROJECT ACCOUNT - REQUEST FOR AUTHORIZATION**

Request Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

What is the purpose of this Special Project Account? \_\_\_\_\_

\_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

Individual(s) authorized to request expenditures from the account:

NAME: \_\_\_\_\_ Sample Signature: \_\_\_\_\_

NAME: \_\_\_\_\_ Sample Signature: \_\_\_\_\_

By submitting this form, the requestor agrees:

1. I have read the attached procedures for NSUF Special Project funds
2. I will comply with fundraising guidelines established by NSUF and complete the NSU Solicitation Form prior to each fundraising event.
3. I understand the guidelines for deposits of funds raised for this Special Project Account
4. I understand and agree to comply with the procedures for expenditure of funds related to this Special Project Account.

# # # # #

SUBMITTED BY:

Person Requesting Special Project Account \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Approval (i.e., Director or Dean) \_\_\_\_\_ Date: \_\_\_\_\_

# # # # #

APPROVAL - NSU:

Vice President for Finance & Administration \_\_\_\_\_ Date: \_\_\_\_\_

# # # # #

APPROVAL – NSU FOUNDATION:

CEO or CFO \_\_\_\_\_ Date: \_\_\_\_\_

Revised 8.3.18

For NSU Foundation Use Only

Acct Name:		Account #:		Added by/date:	
------------	--	------------	--	----------------	--