

THE FOUNDATION FOR IUP INSTITUTION OF FUND FORM – **AMENDMENT**

Please include current name of fund and fund number on this form and only complete the area(s) of information that needs to be amended. **DATE AMENDMENT REQUESTED:** _____

NAME OF FUND: _____ / _____
Current name Amended Name

FUND NUMBER: _____

SOURCE OF FUNDING:

NOTE: Gift/Non-gift checks are to be made payable to the Foundation for IUP with designation of the appropriate fund identified.

PURPOSE: State the purpose of the fund. Be specific; monies will not be disbursed for purposes not specified.

ACCOUNT CUSTODIANS: Name three (3) custodians of the account. A minimum of two (2) of these signatures must appear on the "Request for Disbursement" form. As custodians of this fund, these agents are responsible for the proper expenditures from this fund.

1.	_____	_____	_____
	Job Title	Name	Signature
2.	_____	_____	_____
	Job Title	Name	Signature
3.	_____	_____	_____
	Job Title	Name	Signature

DISSOLUTION: If the purpose of the fund ceases to exist, the balance of funds will be transferred to similar accounts or to the general account of the Foundation. These situations will be handled on an individual basis at the appropriate time in consultation with the department. If the purpose of the fund ceases to exist, indicate where the money is to be placed.

OTHER INFORMATION PERTINENT TO FUND:

VP / Dean Approval: _____	Date approved: _____
Foundation Approval _____	Date approved: _____