Division of Health Sciences
Clinical Auxiliary Funds
(314xxx & 315xxx)
Fund Authority Form

(*) Date: _____

(*) Prepared By: _____

(*) Department: _____

(*) Approved By: _____
Dean (or Designee)

(*) Approved By: _____
Vice Chancellor (or Designee)

(*) Fund Description: _____
(Proposed)

(*) Fund Purpose: _____
_____

Other Comments: _____
_____

Attach separate sheets if needed

Procedure for creating a new DHS Clinical Auxiliary Fund

1. Department / School identifies need for new clinical fund.
2. Department / School completes Division of Health Sciences Clinical Auxiliary Funds - Fund Authority Form.
3. Department / School secures signatures of approval from Dean (or designee) and Vice Chancellor (or designee).
     Signatures may be hard copy, scanned and emailed, or documented via email chain.
4. Completed form with Dean and Vice Chancellor approvals should be forwarded to DHS Administration and Finance
     Systems Support office.
5. DHS Systems Support will assign and approve the fund numbers and reporting attributes.
6. DHS Systems Support will complete the Fund Code Maintenance FTMFUND form, Account Index Code Maintenance
     and the FOAPAL Attribute Association FTMFATA form in Banner.
7. DHS Systems Support will review the information posted in Banner and notify the requesting Department / School that
     the fund is available for use.

For Accounting Office Use Only

Fund Set-up Values	**Approvals**
Fund: _____	**Approved By:** ▨▨▨▨▨▨____
	(prior to data entry) *HS Administration & Finance* *Date*
Fund Description *(Approved)* **:** _____	**Entered By:** ▨▨▨▨▨▨____
	HS Administration & Finance *Date*
☐ **FTMFUND: Fund Code Maintenance Form**	**Reviewed By:** ▨▨▨▨▨▨____
(Attach completed Screen-print)	*(post data entry)* *HS Administration & Finance* *Date*
☐ **FTMACCI: Account Index Code Maintenance Form**	
(Attach completed Screen-print)	
☐ **FTMFATA: FOAPAL Attribute Association Form**	
(Attach completed Screen-print)	

(*) Indicates required field