

# FORM 100 - FUND DESCRIPTION and AUTHORIZATION FORM

For detailed instructions, see Form 100 Instructions sheet.

## E-Signatures Required

Please email executed form to [dtowery@clemson.edu](mailto:dtowery@clemson.edu)

**Do not use this form for endowments or student financial aid (scholarships, awards, fellowships, GIAs, etc.). Financial aid cannot be funded directly from this account. Payments to individuals must go through proper payroll channels. Travel and other reimbursements subject to current reimbursement policies.**

Fund Name: \_\_\_\_\_

Source: \_\_\_\_\_

College: \_\_\_\_\_ Dept. Name: \_\_\_\_\_ Dept. Number: \_\_\_\_\_

Select one: \_\_\_\_\_ Select one: \_\_\_\_\_ Type: \_\_\_\_\_ Diversity Fund: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Allowable Expenditures (List main broad Categories): \_\_\_\_\_

\_\_\_\_\_

Contingency/Comments: If the purpose above ceases to exist, the funds may then support: \_\_\_\_\_

\_\_\_\_\_

**FUND Management: FUNDS MUST BE AVAILABLE IN THE PROJECT BEFORE EXPENDITURES ARE INITIATED. The following position within the Department/College listed above is responsible for disbursing monies from this fund according to the donor's established purpose as directed above and according to CU policy:**

Position Title: \_\_\_\_\_, or successor.

Name of Position Holder *at time of this Agreement*: \_\_\_\_\_ Email: \_\_\_\_\_

(Form 100 does not need revising unless the position changes, not the position holder.)

COLLEGE BUSINESS OFFICER's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPROVED BY:

\_\_\_\_\_

DEAN OR VICE PRESIDENT MUST SIGN

DATE

Project # \_\_\_\_\_ Companion # (if applicable) \_\_\_\_\_ Cadence: \_\_\_\_\_

\_\_\_\_\_

### Clemson University Foundation Use Only:

Director of Gift Management: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Accounting  
for Related Organizations: \_\_\_\_\_ Date: \_\_\_\_\_