

REQUEST TO ESTABLISH A UNIVERSITY FOUNDATION ACCOUNT

AS492

Request Date 10/31/2013

Requested by Maureen Robertson

Please establish a University Foundation account number based on the following information:

Check all that apply. Separate account numbers will be established.		
Purpose/Function of Account	<input type="checkbox"/> Instruction	<input checked="" type="checkbox"/> Research
	<input type="checkbox"/> Student Services	<input type="checkbox"/> Scholarship/Fellowship *
	<input type="checkbox"/> Public Service	<input type="checkbox"/> Academic Support
	<input type="checkbox"/> Institutional Support	
Foundation Project #	101889	
Department Name	Interdisciplinary	
Department Number	(First 5 Digits of LSU Account Number)	127-99
Effective Date	11/1/2013	
Proposed Title	LSU Fdn - CIRS Chevron Innovative Research Fund-Choi	
Principal Investigator (PI)	Dr Jin-Woo Choi	
Principal Investigator LSUID	89-126-0159	
Department Contact	Maureen Robertson	
Phone	578-6068	Fax 578-5990
E-mail	mroberts@lsu.edu	

*If Scholarship/Fellowship, please complete page 2

It is understood the University will charge the current fringe benefits rate.

Approved by

Department Head
maureen robertson
Dean

Printed Name
Rick Koubek
Printed Name

Date
10/31/13
Date

Account # 127-99-6197 FOR ACCOUNTING SERVICES USE ONLY
D-Code _____ Org ID _____
Account Title LSU Fdn -
GA Tuition Remission Rate _____ GA Fringe Benefits Rate _____ Fringe Benefits Rate _____
Approved by _____ Date _____

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Foundation Project #	101889	
Department Name	Interdisciplinary	
Department Number	(First 5 Digits of LSU Account Number)	127-99
Effective Date	11/1/2013	
Proposed Title	LSU Fdn - CIRS Chevron Innovative Research Fund-deQueiroz	
Principal Investigator (PI)	Dr Marcio deQueiroz	
Principal Investigator LSUID	89-437-5378	
Department Contact	Maureen Robertson	
Phone	578-6068	Fax 578-5990
E-mail	mroberts@lsu.edu	

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Approved by

Department Head
MR for R Koubek
Dean

Printed Name
Rick Koubek
Printed Name

Date
10/31/13
Date

Account # 127-99-6198 FOR ACCOUNTING SERVICES USE ONLY
D-Code _____ Org ID _____

Account Title LSU Fdn -

GA Tuition Remission Rate _____ GA Fringe Benefits Rate _____ Fringe Benefits Rate _____

Approved by _____ Date _____