

Louisiana State University
Office of Accounting Services
Sponsored Program Accounting
336 Thomas Boyd Hall

REQUEST TO ESTA	ABLISH A UNIVERSI	TY FOUNDATION A	CCOUNT	AS492
Request Date 10/31/20 Requested by	013 n Robertson			
Please establish a Universit	y Foundation account numb	per based on the following in	nformation:	
Purpose/Function of A		☑ Research ☐ Pub	count numbers will be established. lic Service	
Foundation Project #	101889			
Department Name	Interdisciplinary			
Department Number	(First 5 Digits of L	SU Account Number)	127-99	
Effective Date	11/1/2013			
Proposed Title	LSU Fdn - CI	RS Chevron Innovative F	Research Fund-Choi	
Principal Investigator	(PI) Dr Jin-Woo Cho	oi		
Principal Investigator	LSUID 89-126-0159			
Department Contact	Maureen Robert	son		
Phone 578-6068		Fax 578-5990	E-mail mroberts@lsu.edu	
·	hip, please complete page 2			
Department Head	F	Printed Name	Date	1
me for Rko	ubell_	Rick Kovbell Printed Name	Date	1/13
Account# 127-99	- 6197 FOR ACC	COUNTING SERVICES US	Org ID	***************************************
Account Title LSU Fdn -				
GA Tuition Remission Rate	GA Fringe	e Benefits Rate	Fringe Benefits Rate	
Approved by		Dat	e	



Office of Accounting Services
Sponsored Program Accounting
336 Thomas Boyd Hall

REQUEST T	O ESTABLIS	H A UNIVERS	ITY FOUNDATION	ACCOUNT		AS492
Request Date	10/31/2013					
Requested by	Maureen Robe	rtson				
•	a University Found	dation account aumh	per based on the following	a information.		
Ficase establish	a Oniversity Found		all that apply. Separate		will be established	\neg
Purpose/Fu	inction of Account			ublic Service	Academic Support Institutional Support	
Foundation	Project #	101889	·			
Department	t Name	Interdisciplinary				
Department	t Number	(First 5 Digits of L	SU Account Number)	127-99		
Effective Da	ate 11/1/2	013				
Proposed T	itle	LSU Fdn - Cl	RS Chevron Innovative	e Research Fun	d-deQueiroz	
Principal In	vestigator (PI)	Dr Marcio deQ	ueiroz	·		
Principal In	vestigator LSUID	89-437-5378				
Department	t Contact	Maureen Robert	son			
Phone 5	78-6068		Fax 578-5990	E-mail m	roberts@lsu.edu	
		ase complete page 2				
N				-	<i>11</i>	
Department Head	Rkoubel		Printed Name Rick Kon Printed Name	Ibek_	Date 10/31/1	3
Account# 12	7-99- 619 JFdn-	FOR AGO	OUNTING SERVICES L		Date	
A Tuition Remis	sion Rate	GA Fringe	Benefits Rate	Fringe	Benefits Rate	
Approved by				Date		