

UNIVERSITY OF MARYLAND, BALTIMORE
NEW PROJECT ID REQUEST FORM
(for State, Auxiliary, DRIF and Revolving funds)

eUMB PROJECT ID _____
(to be assigned by eUMB)

School or Campus Unit _____

Project title (30 space limit) _____

Name of Department _____ Dept. ID _____

Fund _____

Program _____

PCBU _____

Detailed Purpose of project _____

Describe the source of the funds deposited in the project: _____

If requesting revolving funds: can they be used to supplement State supported programs?

Yes No

If yes, explain why the funds should not be in the State supported budget

The average annual expenditure is estimated to be \$ _____

DEFICIT CASH BALANCES ARE NOT PERMITTED

Is there a permanent need for this project? () Yes () No

If no, the project will close on _____

and the disposition of the funds will be _____

Individual requesting the project: Name _____

Phone _____ Title _____ Date _____

Individual who will be fund custodian: Name _____

Phone _____ Title _____ Date _____

Dean/Unit head approval: Name _____

Phone _____ Title _____ Date _____

BUDGET AND FINANCE USE ONLY

Budget and Financial Analysis approval _____ Date _____

Financial Services approval _____ Date _____

Date Entered into eUMB _____