UNIVERSITY OF NOTRE DAME

PRINT

RESET

Change of Authorizations

Restricted Funds

Please indicate changes to be made:

Name of Current Budget Administrator: _____

(Please Print)

Name of New Budget Administrator: _____

(Please Print)

Name of Individual to have access to Account Records: _____

(Please Print)

Please list all FUNDs to which the changes will apply:

Fund Title	Fund Code

Please sign your name: _____

Please print your name: _____

Return to: Accounting & Financial Services
Email: restrictedfund-list@nd.edu