

**REQUEST TO ESTABLISH BASIC GIFT-LSU FOUNDATION**

**AS492**

Completed AS492 forms should be sent to Emily Gregoire (egregoire@lsufoundation.org).

**General Information**

*Disclaimer: A University account number is no longer required to obtain security access to the BENGALS system and project ID(s) listed below.*

Foundation Project ID(s)		Principal Investigator (PI)	
Bengals Description			
Cost Center Name		Cost Center ID	
Requested By		Date	
Phone		E-mail	

**Function/Purpose**

Please check all that apply as separate Basic Gifts are required for each function identified.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Instruction   FN10    | <input type="checkbox"/> Academic Support   FN40        | <input type="checkbox"/> Institutional Support   FN70             |
| <input type="checkbox"/> Research   FN20       | <input type="checkbox"/> Student Services   FN60        | <input type="checkbox"/> Operations of Plant & Maintenance   FN80 |
| <input type="checkbox"/> Public Service   FN30 | <input type="checkbox"/> *Scholarship/Fellowship   FN90 | <input type="checkbox"/> Hospital   FN95                          |

**Approvals**

*\*If Scholarship/Fellowship, please complete page 2.* It is understood the University will charge the current fringe benefits rate.

<b>Department Head (Required)</b>	<b>Print Name</b>	<b>Date</b>
<b>Dean (Required)</b>	<b>Print Name</b>	<b>Date</b>
<b>LSU Foundation (Required)</b>	<b>Print Name</b>	<b>Date</b>

**Sponsored Program Accounting**

Basic Gift Name			
Basic Gift Name			
Fund	<input type="checkbox"/> FD240 Restricted Private Gifts	<input type="checkbox"/> FD510 State Match Funds – Foundation Endowment	
Basic Gift ID(s)		Gift Purpose(s)	
Approved By		Date	

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> LSUAM All Basic Gifts  | <input type="checkbox"/> LSUAM Gift Fringe Group 1 (44%)       | <input type="checkbox"/> LSUAM   LSU Foundation |
| <input type="checkbox"/> LSUAG All Basic Gifts  | <input type="checkbox"/> LSUAM Gift TR Group 1 (35%)           | <input type="checkbox"/> LSUAG   LSU Foundation |
| <input type="checkbox"/> LSUA All Basic Gifts   | <input type="checkbox"/> LSUAG Gift Fringe Group 1 (46%)       | <input type="checkbox"/> LSUA   LSU Foundation  |
| <input type="checkbox"/> LSUE All Basic Gifts   | <input type="checkbox"/> LSUAG Gift TR Group 1 (35%)           | <input type="checkbox"/> LSUE   LSU Foundation  |
| <input type="checkbox"/> LSU Foundation Autbill | <input type="checkbox"/> LSU Foundation Endowed Professorships |   |

**Finance and Administration • Office of Accounting Services • Sponsored Program Accounting**  
240 Thomas Boyd Hall • Baton Rouge, LA 70803 • P 225-578-5337 • F 225-578-7217

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(Scholarships/Fellowships) – Page 2

**General Information**

Basic Gift ID \_\_\_\_\_ FDM Translation (*SPA only*) \_\_\_\_\_

Please check all that apply:	Spend Category	TRX Code <i>LSU Students</i>	TRX Code* <i>Non-LSU Students</i>
<input type="checkbox"/> Graduate Fellowship (SAE)	SC0111	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Undergraduate Fellowship (SAE)	SC0114	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Scholarship – Cash Award (SAE)	SC0112	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Scholarship – Tuition/Fee Exemption (ABS)	SC0112	<input type="checkbox"/>	<input type="checkbox"/>

*\*For students not required to be enrolled as a condition of award or non-LSU students.*

**Criteria\*\***

Name of Scholarship/Fellowship			
Cost Center Hierarchy		Cost Center	
Student Classification		Major	
GPA (For Original Award)		GPA (To Retain)	
Full-time required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
Semesters Awarded	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Full Year	Number of Semesters/Years Student can receive Scholarship/Fellowship	
Online Semesters Awarded	<input type="checkbox"/> First Fall (1L) <input type="checkbox"/> First Spring (2D) <input type="checkbox"/> Second Fall (1P) <input type="checkbox"/> Second Spring (2L)	<input type="checkbox"/> First Summer (3D) <input type="checkbox"/> Second Summer (1D)	
Other Requirements			

*\*\* Documentation of scholarship/fellowship criteria and other donor restrictions must be attached.*

**Approvals**

<b>LSU Foundation (Required)</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____
Graduate School	Print Name	Date

**Routing**

<b>Graduate Fellowship:</b>	<i>LSU Foundation → Graduate School → SPA → Student Aid → Bursar Operations</i>
<b>Undergraduate Fellowship:</b>	<i>LSU Foundation → SPA → Student Aid → Bursar Operations</i>
<b>Scholarship – Cash Award:</b>	<i>LSU Foundation → SPA → Student Aid → Bursar Operations</i>
<b>Scholarship – Tuition/Fees:</b>	<i>LSU Foundation → SPA → Bursar Operations → Student Aid</i>

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