



# Montana State University Billings Application for New Index Number

Index Title (Limit 20 characters): \_\_\_\_\_

Purpose of Index: \_\_\_\_\_

Source of Funds: \_\_\_\_\_

Projected Annual Revenues: \_\_\_\_\_

Projected Annual Expenses: \_\_\_\_\_

What Fund Type Best Fits (See Legend):

- \_\_\_\_\_ Current Unrestricted
- \_\_\_\_\_ Restricted
- \_\_\_\_\_ Designated
- \_\_\_\_\_ Auxiliary
- \_\_\_\_\_ Loan
- \_\_\_\_\_ Plant
- \_\_\_\_\_ Agency

What Program Best Fits (See Legend):

- \_\_\_\_\_ 01-Instruction
- \_\_\_\_\_ 02-Research
- \_\_\_\_\_ 03-Public Service
- \_\_\_\_\_ 04-Academic Support
- \_\_\_\_\_ 05-Student Services
- \_\_\_\_\_ 06-Institutional Support
- \_\_\_\_\_ 07-Operation and Maintenance of Plant
- \_\_\_\_\_ 08-Scholarships and Fellowships
- \_\_\_\_\_ 10-Auxiliary Enterprises
- \_\_\_\_\_ 33-Recharges
- \_\_\_\_\_ 70-Plant
- \_\_\_\_\_ 80-Agency

By their signatures below, the Fund Controller(s) acknowledge responsibility to ensure that the fund maintains a positive cash balance. Other information (will the related activity generate FTE, what is the expected life span of the index, how will residual funds be handled when the index is closed, etc.):

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**\*\*\*This section is to be completed by Fund Controllers\*\*\***

## SIGNATURES

**FUND CONTROLLER(S): (Required)**

_____ (Type Name)	_____ SIGNATURE	_____ DATE
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_____ (Type Name)	_____ SIGNATURE	_____ DATE
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**DEAN/DIRECTOR: (Required)**

_____ (Type Name)	_____ SIGNATURE	_____ DATE
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**CHANCELLOR/VICE CHANCELLOR: (Required)**

_____ (Type Name)	_____ SIGNATURE	_____ DATE
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## BANNER ACCESS

Please indicate the person(s) who need access to view the financial information for this index in BANNER (Please provide BANNER user name if possible):

_____ (Type Name)	_____ (Type Name)	_____ (Type Name)
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**\*\*Please forward to the Financial Services Office in McMullen Hall Room 309\*\***