## NU Foundation Funds Online (NUFFO) Fund Authority Form

The Fund Authority Form is used to add, change or remove spending and viewing authorities of foundation funds. If you have questions, please contact the Funds Management Team at fundmanagement@nufoundation.org.

- 1. The form is a fillable PDF that can be completed electronically with a handwritten signature, scanned and returned by email to biographicalrecords@nufoundation.org.
- 2. The **applicant** is the person for whom fund access is being requested.
- 3. Either an **NU ID** or **Employee ID** is required to identify the applicant. The NU ID is an eight-digit number, and the Employee ID is a five-digit number. Either one is sufficient.
- 4. Every fund has a person or position established as the **primary spending authority**, listed in the Fund Summary Memorandum on each fund detail record in NUFFO. In some cases, there are two separate primary spending authorities required. Please review the Fund Summary Memorandum to verify the person or position established as primary spending authority.
- 5. **Approver's Information:** The person holding primary spending authority may designate others with spending or viewing authority. Primary spending authorities may also designate a spending or viewing authority for specific individual funds under their authority.
  - a. The primary spending authority's approval is required for any duplicated spending or viewing authority.
  - b. When the primary spending authority is being replaced, the new primary spending authority's supervisor is the approver.
- 6. If a prior primary spending authority departs, the new primary spending authority has the option to carry forward or terminate any designated spending and viewing authority access granted by the former primary spending authority. To obtain a list of any users who have been granted designated spending or viewing authority to a specific primary spending authority, please contact fundmanagement@nufoundation.org.
- 7. Please allow up to two weeks for processing. Once access has been granted, you will receive an email with your login credentials.



This form is to add, change or remove fund authority access on found signatures, and email it to <u>biographicalrecords@nufoundation.org</u> . Ple	
receive an email confirmation with instructions once the authority upd	
fundmanagement@nufoundation.org.	
Applicant Informa	tion
Applicant Name (Person requesting authority):	
Title: NU/Employee ID:	
Campus/College/Department:	
Campus Telephone: Campus Email	:
Applicant's Signature:	
Authority Request	Undate
For the applicant listed above, please select the appropriate options in	-
<u>Current User Status</u> I am a New User and need access to NU Foundation Funds Onli	ne (NILIEEO) and assigned authority to foundation funds
$\Box$ I am a <b>Current User and need to update my access</b> (all current	
I am a Current User and need to remove my access (all current	
Type of Access (Select all applicable options) Remove from all funds and terminate my NUFFO login	
Add as <b>Primary Spending Authority</b> , replacing the primary spen	ding authority previously held by
The as I minary openening radioticy, replacing the primary spen	and autionly previously field by:
Name and former title of previous primary authority Please <b>transfer all designated authorities</b> assigned to former	primary spending authority to my authority.
Please remove all designated authorities assigned to former primary spending authority.	
Please contact Hannah Althouse, <u>hannah.althouse@nufoundation.org</u> , if you have questions about designated authorities. <b>Designated Spending Authority</b> granting access to sign for expenditures and view funds currently assigned to:	
Primary spending authority's name and title:	
Designated Viewing Authority granting access to view all funds currently assigned to:	
Primary spending authority's name and title:	
Specific designated spending authority for selected funds list	ed below (attach list if necessary).
Authorization	
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Authorized by (\*primary spending authority's name): \_\_\_\_\_\_\_\_\_\_\*If this is a request to replace a primary spending authority, this would be authorized by the applicant's supervisor.

\_\_\_\_\_ Campus Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_