



LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Financial Accounting & Reporting
204 Thomas Boyd Hall

REQUEST TO FUND PROJECT FROM MAINTENANCE RESERVE **AS465**

New Project OR Additional Funding for Existing Project PJ _____

MRA Project Name		
MRA Project Description		
Cost Center ID		
MRA Revenue Funding Worktag		Amount
Certification		
I certify that all expenses paid against this project will be used exclusively for the above named MRA project.		
Business Manager	Printed Name	Date

Routing and Approval Signatures – LSU		
Department Head	Printed Name	Date
Dean or Director	Printed Name	Date
Assistant Vice President, Planning Design & Construction	Printed Name	Date
Associate Vice President, Facility & Property Oversight	Printed Name	Date

Routing and Approval Signatures – PBRC, LSUA, LSUE, LSUS, Ag Center		
Business Manager, Director, or Comptroller	Printed Name	Date
Director of Facility Development	Printed Name	Date

For Financial Accounting & Reporting Use Only

Director Financial Accounting & Reporting	Printed Name	Date
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Project ID PJ _____

Notified Requestor _____