



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
<b>Certification</b>		
<b>I certify that all expenses paid against this project will be used exclusively for the above named MRA project.</b>		
Business Manager	Printed Name	Date

<b>Routing and Approval Signatures – LSU</b>		
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

<b>Routing and Approval Signatures – PBRC, LSUA, LSUE, LSUS, Ag Center</b>		
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	Hope Rispone	Date
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Project ID PJ \_\_\_\_\_

Notified Requestor \_\_\_\_\_