



Operating Fund Restriction Approval Form for Capital Projects

Project Number and Name: _____

Total Funds Approved: _____

Thank you for your interest in funding the Planning, Design and Construction Project. To fund the project, the central accounting office will perform an Operating Fund Restriction (OFR) against the funds designated and certified below. The CCM will receive the OFR as a Budget Amendment for their approval in Workday. If the project will be funded by multiple funding sources, please provide additional work tags in the columns provided. If the project is funded by grant funds, please include a copy of the grant award with this form.

WORKTAG TYPE	CLIENT FUND SOURCE 1	CLIENT FUND SOURCE 2	CLIENT FUND SOURCE 3	CLIENT FUND SOURCE 4	CLIENT FUND SOURCE 5
COMPANY* (XXX)					
DIVISION* (DXXX)					
COST CENTER* (CCXXXXX)					
FUND* (FDXXX)					
PROGRAM* (PGXX)					
FINANCIAL SITE* (STXX)					
PROJECT** (CFPXXXX)					
GRANT** (GRXXXXXX)					
GIFT** (XXXXXXXXXX)					
DESIGNATION** (DNXXXXX)					
INITIATIVE*** (INXXXXX)					
ACTIVITY*** (ACXXXXX)					
LEDGER ACCOUNT***					
AMOUNT APPROVED					
<p>I, the cost center/budget manager, certify that the correct FDM worktags have been identified above, and that there is available budget to support the project budget amount specified. Furthermore, if the amount certified is greater than my approval threshold, I have received approval from the highest-level authorizer required for the transaction amount. I authorize central accounting to perform the fund restriction(s).</p>					
CC or BUDGET MANAGER SIGNATURE					
AVP SIGNATURE For Facilities & Business Ops Units Only					

*REQUIRED WORKTAGS – ALL MUST BE PROVIDED FOR FUND RESTRICTION **OPTIONAL WORKTAGS – MAY BE REQUIRED BASED ON FUND TYPE USED

***OPTIONAL WORKTAGS – MAY BE REQUIRED BASED ON REPORTING NEEDS OF THE COST CENTER MANAGER. FOR THE LEDGER, 63100 – REPAIRS AND MAINTENANCE WILL BE USED UNLESS ANOTHER IS SPECIFIED.

THIS PROJECT WILL BE FUNDED WITH NON-UNIVERSITY FUNDS. CHECK NUMBER _____ HAS BEEN SENT TO UNIVERSITY OF CENTRAL FLORIDA, C/O AFBC – CONSTRUCTION ACCOUNTING, PO BOX 163640, ORLANDO FL, 32816-3640 OR ACH TRANSFER NUMBER _____ HAS BEEN COMPLETED.

Any additional information may be provided in the box below.