

# NEW FUND REQUEST

## FACULTY / DEPARTMENT / UNIT INFORMATION

Your Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

## FUND INFORMATION (Identifies a self-balancing set of accounts. Also identifies the Source of Funds)

Suggested Fund Name  
(35 Chars max): \_\_\_\_\_  
Default Organization Code: \_\_\_\_\_  
Indicate Funding Source: \_\_\_\_\_

E.g. conference registration, contracts, sales & service (salary recoveries, lab fees, book sales, service income, etc.)  
other income types: COPSE, Industry, Federal, Provincial, centrally funded projects, trust & endowment funded projects, etc.  
NOTE: Forward copies of contract or agreement along with your request.

Purpose of Fund: \_\_\_\_\_  
Estimated Annual Budget: \_\_\_\_\_  
Fund Start Date: \_\_\_\_\_ Fund End Date: \_\_\_\_\_

## SIGNING AUTHORITIES:

### PRIMARY SIGNING AUTHORITY for Fund:

EMPLOYEE #	EMPLOYEE NAME	SIGNATURE
_____	_____	_____

### ALTERNATE SIGNING AUTHORITY/(IES)

Include the Faculty Dean, Department Head &/or Unit Director if applicable.

EMPLOYEE #	EMPLOYEE NAME	SIGNATURE
_____	_____	_____
_____	_____	_____

EMPLOYEE #	EMPLOYEE NAME
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PAYROLL MAIL: \_\_\_\_\_  
VIP REPORTING: \_\_\_\_\_

## FINANCIAL SERVICES USE ONLY

FUND CODE: \_\_\_\_\_ DATE: \_\_\_\_\_  
FUND TYPE: \_\_\_\_\_ PREDECESSOR: \_\_\_\_\_  
BUDGET ACCOUNTANT: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_  
ADDED TO PRODUCTION BY: \_\_\_\_\_ FORS ENTERED BY: \_\_\_\_\_

Please submit form to Budget Accounting, 404 Administration Bldg., FAX 474-7504