

NEW ORGANIZATION REQUEST

FACULTY / DEPARTMENT / UNIT INFORMATION

Your Name: _____
Organization: _____
Email: _____
Phone #: _____ Date: _____

ORGANIZATION INFORMATION

(Identifies WHO spent the money. Usually the faculty or unit of budget responsibility and/or departments.)

Suggested Organization Name
(35 char max): _____
Default Fund Code: _____
Reason for New Organization: _____

SIGNING AUTHORITIES:

PRIMARY SIGNING AUTHORITY for Organization:

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
PAYROLL MAIL	_____	_____
VIP REPORTING	_____	_____

FINANCIAL SERVICES USE ONLY

ORGN CODE: _____ PREDECESSOR: _____
DATE: _____
REVIEWED BY: _____ APPROVED BY: _____
ADDED TO PRODUCTION BY: _____ FORS ENTERED BY: _____

Please submit form to: Financial Analysis & Reporting, Room 412 Administration Bldg.
Email: FAR@umanitoba.ca Fax: 474-7925