



REQUEST FOR NEW PROVISION FUND

Financial Analysis & Reporting
Rm 412 Administration Building

Date: _____

Name of Requester: _____ Faculty or Administrative Unit: _____

Proposed Fund Name: _____

Purpose of New Fund: _____

Contributing FOAP(s):

F	O	A	P	

Anticipated Cash Flow	Current Year	Year 1	Year 2	Year 3
To Provisions from Operating				
From Provisions to Operating				

Request Approved By (Dean of Faculty or Head of Administrative Unit):

_____ Signature _____ Date _____

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

Financial Services Use Only:

Approved By: Comptroller's Office _____
Signature _____ Date _____

Explanation if not Recommended/Approved: _____

Predecessor: _____

New Fund #: _____
Date _____