

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
------------	---------------

PAYROLL MAIL: _____
VIP REPORTING: _____

FINANCIAL SERVICES USE ONLY

FUND CODE: _____ DATE: _____
FUND TYPE: _____ PREDECESSOR: _____
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