

Please obtain approval signatures and email the completed New Fund Request Form to [fundopening.finserv@mcgill.ca](mailto:fundopening.finserv@mcgill.ca)

**CHECKLIST (Please note incomplete forms will be disapproved)**

- ALL fields in this form have been completed (*pages 1 and 2*).
- Questions/concerns about "Sales Tax" have been addressed to the Info Tax mailbox.
- The Fund Financial Manager has signed the form (*page 2*).
- Estimated Budget section has been completed and the FFO (or equivalent)/FST has signed the form (*page 2*).
- The Responsible Person has given their sign-off on this request and signed this form (*page 2*).
- The conference flyer/brochure is attached to this form.
- If receiving sponsorship revenue, all supporting documentation such as letters of intent, emails, etc. is attached to this form.
- The guarantee (surplus) fund has been identified.
- I have read the [New Fund Request Form Guidelines](#).

**FUND FINANCIAL MANAGER (FFM) INFORMATION**

McGill ID:  Name (first, last):

Position Title:  Org Code:  Org/Unit:

Allow delegates for Adjustments to Past Payroll Transactions?  Yes  No

**INFORMATION FOR NEW FUND**

Please suggest a name for the fund (maximum 35 characters):

Start date for the fund:  End date for the fund:   
YYYY-MM-DD

**CONFERENCES/SEMINARS/EVENTS DETAILS**

Conference Name

Purpose:   
(Additional information may be entered on page 3)

Who will be attending?  Internal McGill community  External parties  Both

Are you going to charge registration fees?  Yes  No

If "No", what is your funding source:   
(Additional information may be entered on page 3). If receiving sponsorship revenue, include supporting documentation with submission.

Is an external entity absorbing the surplus/deficit resulting from the conference?  Yes  No

If "Yes", indicate the external entity where the surplus/deficit will be transferred to   
(Additional information may be entered on page 3)

**Reserved for Financial Services:**

Fund Number:		Program Code:	
Fund Type:		BAVL Severity:	
Fund Predecessor:		Budget for Revenue:	
Organization Code:		Approved by / Date:	

**ESTIMATED BUDGET**

*Revenues (external):*

Sales of goods/services:

Registration fees:

Donation revenue:

*Revenues (internal):*

Internal recoveries:

Internal transfers\*:

\*Internal transfers from Research Grants and Contracts (2F/2M fund types) are not allowed.

**Revenue TOTAL**

*Expenses:*

Materials and Supplies:

Repairs and Maintenance:

Equipment:

Rentals:

Utilities:

Salaries and Benefits:

Professional Fees:

Travel:

Contract Services:

Student Aid (fellowships, awards):

Other: (please specify)

Other: (enter amount)

**Expenses TOTAL**

**Net Surplus (Deficits are not allowed)**

**SIGNATURES/APPROVALS**

*I certify that the funds will be used for the purpose described above and I have reviewed the document "[Sales Tax Assessment Matrix on Domestic Conventions](#)" on the Financial Services website and acknowledge that I have addressed any questions or concerns to the [Info Tax mailbox](#). I understand that as Fund Financial Manager I am responsible and accountable for the funds as outlined in the [Fund Financial Manager policy](#).*

Fund Financial Manager Signature/Approval: \_\_\_\_\_ Date (YYYY-MM-DD)

Print Name: \_\_\_\_\_

FFO (or equivalent) / FST Signature/Approval: \_\_\_\_\_ Date (YYYY-MM-DD)

Print Name: \_\_\_\_\_

**RESPONSIBLE PERSON SIGN-OFF**

Fund Number

Please confirm the fund number guaranteeing this activity (1A Operating fund preferably):

*I certify that the funds entered above may be used for the described purpose. I understand that any deficits will be charged to above fund (item 1 above).*

Chair/Dean/Director Signature/Approval: \_\_\_\_\_ Date (YYYY-MM-DD)

Print Name: \_\_\_\_\_

**REQUESTOR INFORMATION (for questions about this request)**

Name:

Email:  Telephone:

*Additional  
Information:*