COURSES - NEW FUND REQUEST FORM

Please obtain approval signatures and email the completed New Fund Request Form to 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 this form *(page 2)*.

☐ Estimated Budget section has been completed and the FFO (or equivalent)/FST has signed this form *(page 2)*.

☐ The Responsible Person has given their sign-off on this request and signed this form *(page 2)*.

☐ Supporting documentation (if needed) is attached to this form, i.e. course outline.

☐ 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:
YYYY-MM-DD [ ] *End date for the fund:*
YYYY-MM-DD [ ]

COURSES

Title of Course: [ ]

Is course credit or non-credit? ☐ Credit ☐ Non-credit

In the Credit System *"each course is assigned a credit rating reflecting the number of weekly contact hours. In general, a three-credit course indicates three hours of lectures per week for one term, but this does not apply to all faculties."* More information can be found on the University Regulations and Resources web page.

If "Credit", are additional fees being charged to students to cover costs other than tuition? ☐ Yes ☐ No

If "Yes", please indicate, ex: course outline, travel costs, boarding,.
 food for summer course abroad. (Additional information may be entered on page 3) [ ]

If "Non-credit", who is the course offered to? ☐ 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) [ ]

Reserved for Financial Services:

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

Version 2023.10.05

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: