

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*).
- The Fund Financial Manager has signed this form (*page 2*).
- The FFO (or equivalent) 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 (signed agreement, CESA approval, etc.) is attached to this form.
- University Advancement (UA) Allocation code has been identified.
- 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:

*If this is an endowment, please specify who should be the Fund Financial Manager for the **spendable income fund** if different from above:*

McGill ID: Name (first, last):

Position Title: Org Code: Org/Unit:

Allow delegates for Adjustments to Past Payroll Transactions? Yes No

DONATION

Is this request for: Direct Spending Endowment

Is this for a scholarship/award/prize/fellowship/bursary? No Yes - attach CESA approval, if applicable, to this form

From the push report: UA allocation code: Donation amount received:

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

Reserved for Financial Services:

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

Describe the purpose or any restrictions of the fund:

If the fund has been approved by the University Committee on Enrolment and Student Affairs, use CESA approved terms as the description

(Additional information may be entered on page 3)

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)

Fund Financial Manager Signature/Approval: _____ Date (YYYY-MM-DD)
(for the Spendable Income Fund - if applicable)

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:

(Note: Research Grants and Contracts not allowed. 1A fund type is preferred.)

I certify that the donation referenced on page 1 may be used for the described purpose. I understand that any deficits will be charged to above fund.

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

Print Name: _____

REQUESTOR INFORMATION *(for questions about this request)*

Name:

Email:

Telephone:

*Additional
Information:*

