

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 (signed contract, letter of agreement, email confirmation 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

OTHER

If you intend to charge a fee for the goods or services provided, please use the "Consulting/Core-Facility/Research Platform" New Fund Request Form.

What is your funding source?: Internal Departmental Transfer Other Fund Number

If "Internal Departmental Transfer", please provide the fund number the transfer will come from:

Note: Research Grants and Contracts (2F/2M fund types) are not allowed.

If "Other", what is your funding source?: What type of activity do you wish to account for?:
(Additional information may be entered on page 3)

What activities/functions will your net surplus support?

- General operations for a Unit Research activities for a Unit Research activities for a Professor Other:

If "Other", please specify: (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:

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:*