

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*).
- 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*).
- If this request is for a new hire, the Provost's offer letter is attached to this form.
- Supporting documentation (if needed) 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

START UP

What is the purpose of this fund?:
(Additional information may be entered on page 3)

Is this for a new hire? Yes No If "Yes", include Provost's or Board of Governors' offer letter which highlights funding source with submission of this form.

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

If "Internal Departmental Transfer" was selected, please provide the fund number the transfer will come from:
Note: Research Grants and Contracts (2F/2M fund types) are not allowed.

If "Other" was selected, 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:	

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.

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:*

[Empty rectangular box for providing additional information]