

## CONFERENCE ACCOUNT BUDGET ADJUSTMENT FORM

**A. CONFERENCE ACCOUNTS INFORMATION**

(not to be used for conferences which are fully funded by grants or donations)

Faculty:

Department:

Contact Name:

E-mail Address:

Conference Name:

**B. BUDGET INFORMATION**

Department Funds Center:

Department Cost Center:

Conference Fund:

	<u>Original Amount</u>	<u>Adjustment Amount</u>	<u>Revised Amount</u>
Revenue Budget:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Expense Budget:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**C. STATEMENT OF RESPONSIBILITY**

This is to acknowledge that Division/Department will assume full responsibility for the accounts. Any deficit or surplus will be transferred to the Department's operating account(s) or eligible trust fund account(s) when the indicated end date is expired.

I hereby acknowledge and accept the terms stated above.

Principal, Dean, Academic Director or Chair:

\_\_\_\_\_

Signature

Printed Name and Title

**D. FINANCIAL SERVICES DEPARTMENT**

Approval: \_\_\_\_\_

Manager, Financial Services

**Fax completed form to Financial Services Department at 416-978-5572**

**Contact Name: Eric Marianayagam at 416-978-8175 OR email: [eric.marianayagam@utoronto.ca](mailto:eric.marianayagam@utoronto.ca)**