

CONFERENCE ACCOUNT REQUEST FORM

A. TO ESTABLISH CONFERENCE ACCOUNTS

(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

Revenue Budget Amount:

Expense Budget Amount:

Department Funds Center:

Department Cost Center:

Profit Center:

Start Date: End Date:

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

Assigned Account Numbers: Internal Order:

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