University of Toronto Division of University Advancement Donations Management, Restricted Funds Accounting

SUMMARY SHEET

To be completed by re	equesting Department/Division	To be completed by Restr	icted Funds Accounting
Name of Fund	Enter name of fund. What you enter here will be the name of the fund in FIS.		
Ту	/pe of Fund State whether the fund will be		
	tor expendable) endowed or expendable. Enter name of project. This will be the name of the	Droinet#	
	project in DIS and the DFR. Enter the CFC number the fund will be	Project #	
	und Centre linked with. Enter the Cost Centre number the	Fund #	10/2
	Cost Centre fund will be linked with.	Appropriation #	- 188°
Faculty	Enter Name of Faculty.	Fund set up on (date)	id until DIS project # and
Department	Enter Name of Department. Enter title (e.g Chair/Dean) of signing authority.	This summary sheet not valid until DIS project # and FIS fund # are assigned by Restricted Funds Accounting and indicated above.	
Signing Authority	You do not need to enter name of the person. (Please specify designation e.g. Chair/Dean)		
	Enter the name of donor(s) which could be individuals or institutions. When a fund is set up to receive small		
Source of Funds	donations from a large number of donors, enter various donors. Enter any additional information related to the the source that can be useful in the administration.		
	wishes. Highlight any spending restrictions if impos purpose of fund was established by external restricti		
Special Financial Requirement	Enter any other financial requirements such as matching requirement, re-investments of income, transfer of funds to support other initiatives funded by the same donor, etc.		
Reporting Requirement	State if a narrative or financial reporting has been pr Include the frequency and timing. Endowments with financial report. Senior Development Officers will fur	balances over 95K will be autom	atically eligible for a donor
Contact Person	Enter name of Contact person for this Name project (normally Business Officer).		
	Enter title of contact person named above.		
Paymer	Enter amount, date, donor name of payment(s) received. Also, CFC/fund number if funds are deposited.		
Date	of Request Enter the date this request is made.		

Distribution of copies:

Restricted Funds Accounting

Trust Accounting

Dean/Chair

Dept/Division Business Officer