

**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 type="text"/>	<input type="text"/>	<input type="text"/>
Expense Budget:	<input type="text"/>	<input type="text"/>	<input 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

Send completed form to Financial Services email: [cafinancialservices@utoronto.ca](mailto:cafinancialservices@utoronto.ca)

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