

## 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:

**Send completed form to Financial Services at: [cafinancialservices@utoronto.ca](mailto:cafinancialservices@utoronto.ca)  
Contact Name: Eric Marianayagam at 416-978-8175**