



Send completed form by FAX: 416-978-5572 OR email: fast.help@utoronto.ca

FC Number:

1. ADMINISTRATIVE DATA

Contact Person:

Email Address:

Date:

FC Manager (AMS Userid):

Phone:

Faculty / Division:

Address:

2. COMPLETE TO CHANGE FUNDS CENTER

FC Name:

Enter the Funds Center Name (e.g. Faculty, Department FC Name. Maximum characters, including spaces = 20)

FC Description:

Enter the School/Division (e.g. Faculty, Department CC Description. Maximum characters, including spaces = 40)

Parent Funds Center:

Linking Table Information:

(Indicate CC(s) and/or IO(s) to be linked to the FC for planning/budget purposes. Attach an additional sheet if necessary)

<u>Remove Cost Center (s) / Internal Order (s) Linkage</u>		<u>Add Cost Center (s) / Internal Order (s) Linkage</u>	

3. AUTHORIZATIONS

Applicant Name _____

Manager Name _____

Signature

Signature

FOR ADMINISTRATIVE USE ONLY

Assigned by:

Faculty/Division Notified:

Date:

Date: