

## COMMITMENT/RELEASE OF RESTRICTED FUNDS

Commitment of Restricted Expendable Funds to Earn Interest

Date:

Release of Committed Funds

Division/Department:

Name of Fund

Fund Number

Funds Center

Amount

Effective Date:

May 1

August 1

November 1

February 1

### AUTHORIZED APPROVAL

### INTERNAL USE ONLY

Date:

Phone Number:

Document #:




Authorized Approval or Delegated Signing Authority

Print Name and Title of Signing Authority

Department:

Phone Number:

Contact Name:

**NOTE:** SUBMIT FORM NO LATER THAN THE 5<sup>TH</sup> WORKING DAY OF THE MONTH. FOR MAY, FORMS WILL BE ACCEPTED UP TO THE LAST WORKING DAY OF THE MONTH.

**SEND (MAIL) TO:** TRUST ACCOUNTING  
FINANCIAL SERVICES DEPARTMENT  
150 COLLEGE ST., 3<sup>RD</sup> FLOOR Rm# 350  
UNIVERSITY OF TORONTO

**OR FAX TO:** 416.978.5572 **OR EMAIL TO:** elma.lizo@utoronto.ca