

REQUEST FOR ENDOWMENT OF EXPENDABLE FUNDS

	Date:	<input type="text"/>	Effective Date:	<input type="text"/>
ENDOWED FUND	Name of Fund	<input type="text"/>	Fund Number:	<input type="text"/>
			Funds Center:	<input type="text"/>
EXPENDABLE FUND	Name of Fund	<input type="text"/>	Fund Number:	<input type="text"/>
If different from endowment fund above			Funds Center:	<input type="text"/>
			Amount	<input type="text"/>

I CONFIRM THAT ENDOWMENT OF ALL OR A PORTION OF THE ABOVE EXPENDABLE FUND IS PERMITTED UNDER THE FOLLOWING TERMS OF THE FUND: *(WITH REFERENCE TO THE ADMINISTRATIVE DOCUMENT FOR THE EXPENDABLE FUND, PLEASE IDENTIFY THE TERMS AND CONDITIONS WHICH ALLOW FOR THE ENDOWMENT OF SOME OR ALL OF THE FUND).*

AUTHORIZED APPROVAL	INTERNAL USE ONLY
Date: <input type="text"/>	Document #: <input type="text"/>
Phone Number: <input type="text"/>	
<input type="text"/>	<input type="text"/>
Authorized Approval or Delegated Signing Authority	Print Name and Title of Signing Authority
Department: <input type="text"/>	Phone Number: <input type="text"/>
Contact Name: <input type="text"/>	

* EXPENDABLE FUNDS TRANSFERED TO AN ENDOWMENT WILL BE ADDED TO THE LONG TERM CAPITAL APPRECIATION POOL ON THE 1ST BUSINESS DAY OF THE FOLLOWING MONTH. REQUESTS SHOULD BE RECEIVED IN THE FINANCIAL SERVICES DEPARTMENT BY THE 25TH OF THE PRECEDING MONTH.

SEND (MAIL) TO: TRUST ACCOUNTING
 FINANCIAL SERVICES DEPARTMENT
 215 HURON ST., 2ND FLOOR
 UNIVERSITY OF TORONTO

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