

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 5TH 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
215 HURON ST., 2ND FLOOR
UNIVERSITY OF TORONTO
OR FAX TO: 416.978.5572 **OR EMAIL TO:** elma.lizo@utoronto.ca