



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 the 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.

To sign digitally, please right click on the "Signature" field and select "Certify with Visible Signature" before signing.

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

Contact Name: Eric Marianayagam at 416-978-8175