

CONFERENCE ACCOUNT BUDGET ADJUSTMENT FORM

A. CONFERENCE ACCOUNTS INFORMATION

(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

Department Funds Center:

Department Cost Center:

Conference Fund:

	<u>Original Amount</u>	<u>Adjustment Amount</u>	<u>Revised Amount</u>
Revenue Budget:			
Expense Budget:			

C. STATEMENT OF RESPONSIBILITY

This is to acknowledge that 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

Send completed form to Financial Services email: cafinancialservices@utoronto.ca

Contact Name: Eric Beroncal at 416-978-0530 OR email: eric.beroncal@utoronto.ca