

UNIVERSITY OF GUELPH

SPECIFIC PURPOSE FUND

REQUEST FOR THE ESTABLISHMENT OF AN ACCOUNT

Name of Applicant: _____ **Dept Name:** _____

Funding Source: _____ **Dept Number:** _____

Signing Officer(s): _____

Title of Fund: _____

Commencement Date: _____ **Termination Date:** _____

Please provide coding for Disposition of Balance at Termination: _____

Please provide coding for repayment of Deficit at Termination: _____

Purpose of Fund: _____

Approved by: Department Chair/Head: _____ **Date:** _____

College Dean/Admin Dir: _____ **Date:** _____

Assistant V.P. Finance: _____ **Date:** _____

(only if non-terminating)

*****Above information must be complete in order to establish fund.*****

ACCOUNTING USE ONLY

Account Number Assigned: _____ **Date:** _____

Signature: _____ **Authorization:** _____

Manager of Accounting

Evaluation: _____

(Internal, External or Undecided)

October 1, 2002