

REQUEST FOR NEW FUND/ORGANIZATION

Use this form to request a new ancillary fund, trust fund, plant/job costing fund. Special purposes fund, agency fund or organization.
This form cannot be used to establish research funds. Documentation is received directly from the Office of Research.

PERSONAL INFORMATION

Your Name

Organization

E-mail

Telephone

FUND/ORGANIZATION INFORMATION

Please describe in detail the purpose of the Fund or Organization

Responsible Person

Identification #

If you have a MUN Student Id, enter it here; otherwise leave blank

Mailing Address of Responsible Person

Dept:

Building

Room #

Campus

Funding Source

Please suggest a name for the Fund or Organization

Start Date

End Date

FUND/ORGANIZATION ACCESS AND APPROVAL AUTHORITY

The following administrative users can access this Fund/Organization:

Banner User Id	Name	Query	Process	Approve
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ADDITIONAL INFORMATION

Are there any restrictions attached to the use of this Fund or Organization

What is the Predecessor Fund or Organization

Are fringe benefits/workers compensation to be charged to this Fund or Organization

How will deficits be covered

APPROVAL INFORMATION

Requested by:

Date:

Approved by
(Dean, Director, etc)

Date:

For Financial and Administrative Use Only:

Fund or Organization Number

HST rebate

Payroll Entity

Fund Type

Operating

Ancillary

Special Purpose

Trust

Capital

Research

Other/Agencies

Requested by:

Date:

Approved by:

Date: