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| kpu_logo_fullcolour | Financial Services Use Only |
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| Request # |  |
| Fund Code |  |
| Org Code |  |

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**NEW FUND/ORG REQUEST**

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| **Section A: Checklist (*Please note that incomplete requests will be delayed or returned.)*** |
| [ ]  This is not a request for a research fund. *All research requests should be directed to Office of Research & Scholarship.* |
| [ ]  Evidence risk assessment has been approved for type of agreement attached. |
| [ ]  Authorization of Division overseeing type of activity attached. *All RG and CPS activity needs to be approved by the Executive Director, Continuing & Professional Studies. All fundraising activity needs to be approved by the Chief Advancement Officer.* |
| [ ]  If a course/training session is involved, course development form has been completed & submitted to Scheduling & Registration. |
| [ ]  Detailed budget attached. |
| [ ]  Signed documentation for funding source and activity attached. (Section D) *External - approved business/course proposal, signed agreement/contract, award letter, MOU, donation letter, project letter, etc. Internal - budget memo, internal correspondence, etc. Appropriate signing authority must be on documentation.* |
| [ ]  Signed correspondence from external/internal authority indicating provision to cover deficit at end of project attached. (Sec. E) |
| [ ]  Signed correspondence from external/ internal authority indicating distribution of surplus at end of project attached. (Sec. E) |
| [ ]  Sections A to G have been completed and applicable areas signed. |
| [ ]  Name of Fund/Org is noted on each page of form and attachments. |
| [ ]  Please return completed form to: email Fund.Accounting@kpu.ca |

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| **Section B: Fund/Org Name** |
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| Suggested Name *(30 characters max)* |       |
| Fund/Org Co-ordinator |       | Dept/Unit Responsible for Project |       |

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| **Section C: Fund/Org Details**  |
| *Describe the intended purpose and nature of the fund/org. Attach separate page if necessary.*       |
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| Start Date *(yyyymmmdd)*  |   | End Date *(yyyymmmdd)*  |   | Date Required *(yyyymmmdd)* |   |

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| **Section D: Funding Information**  |
| [ ]  Externally Funded

|  |  |
| --- | --- |
| [ ]  Sale of goods and services (no contract) |  |
| [ ]  Donation/Fundraising | Terms or purpose: |       |
| [ ]  Contracts/Agreements/Grants | Funding Agency Name: |       |

 Provide details of how payment will be received and timing of payments:

|  |  |  |
| --- | --- | --- |
| [ ]  Cheque with grant | [ ]  Direct Deposit with grant  | [ ]  Upon invoicing (provide details on page 2) |
| [ ]  Other |  | [ ]  At end of project with financial statement (provide details on page 2) |
| Additional Info: |       |

 [ ]  If HST will be collected on revenues of this project, HST will be [ ]  Included in fee [ ]  In addition to fee |
| [ ]  Internally Funded

|  |  |
| --- | --- |
| Funding source: |       |
| Fund/Org/Acct (if known) | Fund |       | Org |       | Acct |       |

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| **Project Name** |       |  | Financial Services Use Only | Request #       |

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| **Section E: Financial Services Requirements** |
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| [ ]  External invoicing |  | External invoicing instructions (including amount) and frequency: |
| Agency Name: |       |  |       |
| Contact Name: |       |  |
| Address |       |  |
|  |       |  |
|  |       |  |

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| [ ]  External Financial Reports sent to: |  | External reporting instructions and frequency: |
| Contact Name: |       |  |       |
| Address: |       |  |
|  |       |  |
|  |       |  |
| Telephone: |       |  | E-mail |       |

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| Provision to cover deficit at the end of the project.*(Attach correspondence from external or indicate internal source.)*

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| Fund |  | Org |  |

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| Distribution of surplus at the end of the project (% distribution must equal 100%)

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| [ ]  Internal Distribution |       | % | Fund |       | Org |        |
| [ ]  Internal Distribution |       | % | Fund |       | Org |       |
| [ ]  Other (e.g. sharing agreement/return to funder) |             | %  | to External Authority Name |       |

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| **Section F: Signing Authority and FAST Finance Reporting Access.** *Signing authorities acknowledge accountability and financial responsibility for activities within this fund/org. Note: Authorized request approver will also be designated as signing authority. All signing authorities will be able to charge VISA card transactions to this code. Contact* *Financial.Reporting@kwantlen.ca* *for others.* |
|  | ***Name*** | ***Signature******(only req’d for signing authority)*** | ***signing authority*** | ***FAST Finance access*** | ***view salary info*** |
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| VP/AVP/Dean/Director Delegate |       |  |  | [ ]  | [ ]  | [ ]  |
| Fund/Org Co-ordinator |       |  |  | [ ]  | [ ]  | [ ]  |
| Other (Indicate role)       |       |  |  | [ ]  | [ ]  | [ ]  |
| Other (Indicate role)       |       |  |  | [ ]  | [ ]  | [ ]  |
| **If Finance does not have your signature on file, please also complete the Signing Authorization Form. Link:** [**http://www.kpu.ca/file/signingauthorityformxls-1**](http://www.kpu.ca/file/signingauthorityformxls-1) |

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| **Section G: Requester Information and VP/AVP/Dean/Director Approval for Request** |
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|       |  |       |  |  |
| Name of Requester (Print Name and Date) |  | Local |  | Signature |
|       |  |  |
| VP/AVP/Dean/Director Approval (Print Name and Date) |  | Signature |

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