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

**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** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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.* |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 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** |
| |  |  |  |  | | --- | --- | --- | --- | | External invoicing | |  | External invoicing instructions (including amount) and frequency: | | Agency Name: |  |  |  | | Contact Name: |  |  | | Address |  |  | |  |  |  | |  |  |  | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | External Financial Reports sent to: | |  | External reporting instructions and frequency: | | | Contact Name: |  |  |  | | | Address: |  |  | |  |  |  | |  |  |  | | Telephone: |  |  | E-mail |  | |
| Provision to cover deficit at the end of the project.*(Attach correspondence from external or indicate internal source.)*   |  |  |  |  | | --- | --- | --- | --- | | Fund |  | Org |  | |
| Distribution of surplus at the end of the project (% distribution must equal 100%)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 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*](mailto:Financial.Reporting@kwantlen.ca) *for others.* | | | | | |
|  | ***Name*** | ***Signature***  ***(only req’d for signing authority)*** | ***signing authority*** | ***FAST Finance access*** | ***view salary info*** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 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** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  | | |  |  | | Name of Requester (Print Name and Date) |  | Local | | |  | Signature | |  | | |  |  | | | | VP/AVP/Dean/Director Approval (Print Name and Date) | | |  | Signature | | | |