

Request for Set-up of new Cost Centre Account

Department or Account Name (must be	e 20 characters or less)
Description of New Account requested	and justification
On-going account	Limited Term account ending on
Person with signing authority for accou	unt
Source of funding, funding amount, an revenues and expenditures.)	d anticipated date of receipt (Attach a copy of your estimated
Account number to be used for any over	erspent amount
Account number or organization to be	used for the return of any unused funds (if applicable)
Special instructions (if any)	
Authorization	
Department Signing Authority	 Date
Financial Services	 Date

Submit the completed form to the Office of Financial Services for account set-up. Once set-up is completed the signed copy will be returned to the Departmental Signing Authority.