

Request for Setup of New Cost Centre Account

Submit the completed form to Financial Services for account setup. Once setup is complete, the signed copy will be returned to the departmental signing authority.

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Department o	or Account Name (m	ust be 20 characters or	less)
Description of	New Account Requ	ested and Justification	
On-	going Account	Limited-Term Ac	ccount, ending on
Person to hav	e Signing Authority	for Account	
	ding, Funding Amou enues and expendit		e of Receipt (Attach a copy of your
Account Num	ber to be used for A	ny Overspent Amount	
Account Num	ber or Organization	to be used for the Retu	rn of Any Unused Funds (if applicable)
Special Instru	ctions (if any)		
Authorizatio	on		
	Department Signin	g Authority	
	Financial Services A	Approval	