

## **Request to Transfer Funds to Endowment Capital**

Note: This form is <u>only</u> required for transfers from a trust fund or an operating program into an endowment fund for the purposes of capitalization. This form is <u>not</u> required for straight recapitalizations of excess endowment income.

	•		e rationale for t		a area provided belo	147*	
٠.	rica	ase describe the rationale for the transfer in the area provided below:					
Please answer the following questions:  Why is this transfer being requested (i.e. to provide matching funds required for an endowment)?						non+12	
		Why is this transfer being requested (i.e. to provide matching funds required for an endowment)?					
	What is the source of the funds being endowed (i.e. corporate donations, individual donations, etc.)						
2.	Plea	se tell us whe	re the funds are	coming from:			
2. Please tell us where the funds are coming from:							
	CHARTFIELD FROM WHICH FUNDS ARE BEING TRANSFERRED						
		FUND	DEPARTMENT	PROGRAM	CLASS	1	
				(if applicable)	(if applicable)		
	Complete this section only if the funds are being transferred from a trust fund:					trust fund:	
	Attach terms of reference of the trust fund						
		Sign off is required from trust signing authority that the transfer is in accordance with th					
		terms of the trust					
		Trust Fund Signing Authority Name Signature					
3.	Plea	se tell us whe	re the funds are	going			
	Please Attach terms of reference of the endowment fund receiving the transfer						
		CHARTFIELD TO WHICH FUNDS  ARE BEING TRANSFERRED					
		FUND	DEPARTMEN	NT			
		TOND	DEI / III III II	<u> </u>			
				_			
4.	Hov	v much do you	want to transfe	er?			
		•					

Amount of Transfer:

## Request to Transfer Funds to Endowment Capital

5. Na	Name and contact information of person submitting this request  Name						
	E-Mail address						
	Telephone number						
6. Department and Dean's Office Approval							
о. Де							
	Department Head						
	As department head signing au endowed in perpetuity.	uthority I acknowledge and approve that these funds are being					
	Name, Department Head	Signature					
	Date						
	Dean and Business Officer I have reviewed this request to endow departmental funds and acknowledge that it is an appropriate use of the funds.						
	Name, Dean	Signature					
	Date						
	Name, Business Officer	Signature					
	Date						
	Once completed, please submit this form to:						
	Financial Services						
	207 Stuart Street						
For Fi	nance use only	ttention: Financial Reporting					
10111	nunce use only						
Appro	oved: AVP Finance	Date					
Annro	oved: Provost	Date					