The University of Western Ontario
Financial Services
Special Funds Project Application Form

Faculty/Department: _____ **Dept Code** _____

Name of Project: _____

Please Indicate Type of Project: Endowed or Expendable

If expendable, please indicate project end date: _____

PROJECT INFORMATION

Purpose of Project: _____

Source of Funds: _____

(Funds or documentation supporting the commitment of funds must accompany this application for a project number to be assigned.)

Is there a formal agreement for the source of funding? Yes (attach copy) No

Allowable Expenditures: _____

RESPONSIBILITY

Person Responsible for Project: _____

E-mail Address: _____ Telephone Number: _____

AUTHORIZATION

Prepared by: _____
Print Name Signature Ext: Date

Authorized by: _____
Print Name Signature Ext: Date

Approved by: _____
Special Funds Officer Date

For Department of Finance Use Project Number:

Mail completed request to the Special Funds Office
January 2009

Financial Services
Suite 6100, Support Services Building