



University of Windsor

APPLICATION TO OPEN TRUST ACCOUNTS

1. Name of Trust Account: _____

Department Number: _____

Department Name: _____

Can the capital be spent? Yes No

If YES, please note that the account will NOT bear interest.

Is the use of funds restricted by the Donor? Yes No

Is the use of funds restricted by the Board of Governors? Yes No

If YES, provide date of Board approval: _____

2. Type of Trust Account:

If you selected the Type "Scholarship", please fill out the Terms of Reference here for an annual award and here for an endowment or pledge.

Provide a statement of the terms of reference of this NON-Scholarship account, detailing what the account is used for:

[Empty box for terms of reference statement]

List the faculty/staff members who should have access to this account in UWinsite Finance:

Table with 5 columns: Name, Ext., UWinID, Month End Statement Recipient, Second Recipient for Statement (only one)

If the account expenditures exceed revenues, who will be responsible? Which account will cover the overspent amount?

Table with 3 columns: Name, Ext., Account #

3. Department Head Signature:

Your typed name below indicates your approval of the form and confirms that all information is accurate.

_____ Date: _____

Forward this form according to the following:

Type of Scholarship	Email To
Graduate Scholarships	gradaward@uwindsor.ca
Undergraduate Scholarships	award1@uwindsor.ca
Other/Capital Trusts	nancy@uwindsor.ca

Financial Services Use Only:

Program Number: _____ Date: _____

Account Setup By: _____

Descriptive Flex Field:

Hierarchies:

Spending Policy:

OTSS & OTOSF:

Funding Restriction:

Donor Reporting: _____