



Part A:

Faculty: _____ Department: _____ Campus: _____

Open
Close
Amend

Suggest Account Name for new account:

or Account Number of account to be closed or amended:
(Note: Please indicate reason on the reverse of this form)

Type of Account:
(Please check one)

Budget Operating Account
Research Grant Account
Trust Account
NS & A&R Account
Other

Documentation required to close existing accounts (MUST be completed):

1. Account number to transfer positive balance to OR offset negative balance from-

Documentation required to open/amend new or existing accounts (MUST be attached):

1. Detailed budget for current year & overview of budget for subsequent years of a multi-year grant/project
2. Copy of approval letter from granting agency/sponsor
3. Copies of any and all approval letters for certifications required for the project (e.g. ethics, animal care protocols, biohazards)
4. Full details of purpose plus full external & internal documentation as applicable

Account Signing Authority (ies):

Name

Signature

Email Address

Part B: Approvals

Dean/Chair/Director/Manager:

Signature

Date _____

RPB Team (UNBF operating accts)

or Manager, Finance & Admin. (UNBSJ accts)

Signature

Date _____

Executive Director, ORS:
(for Research Grants)

Signature

Date

ORS (Financial) for Research Grants, or

Financial Services – Non-research restricted accts

Signature

Date _____

Part C: For Administrative Use Only

Account Name:

[illegible]

Account Number issued:

[illegible]

Issued by: _____

HST Rebate % Assigned _____ Clearances: ☐ E ☐ AC ☐ BH ☐ NS ☐ None Required _____

Director of Financial Accounting & Reporting: _____

Signature Date

Date Account: Opened _____ Amended _____ Closed _____

ORS File Name:

Revised January 2008

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