

Request to Establish a New FAST Account

This form is to be completed on the screen, printed out, signed and sent to Financial Accounting for processing. Account type: (choose an account type) Specific purpose Operating Ancillary Account Name: Account Holder Information Name: Email: Dept/Unit: UVic ID: (VOO######) Netlink ID: Assigning FAST Web Viewing Access Name 1: Name 3: Assigning Accounts Payable Reply (APReply) Workflow Notification Name: Email: UVic ID: (VOO######) Netlink ID: Signing Authority: See the Purchasing Services webpage for the Delegation of Signing Authority Form Purpose of Account: Details: Source of Funding/Revenue (provide supporting documentation ie. contract)		fice Use Only	ELIND		ORG		PROG	ROLLUP				
Account type: (choose an account type) Specific purpose Balance sheet fund Agency Operating Ancillary Account Name: Email: Dept/Unit: Telephone/Local: UVic ID: (VOO######) Netlink ID: Assigning FAST Web Viewing Access Name 1: Name 2: Name 3: Assigning Accounts Payable Reply (APReply) Workflow Notification Name: Email: UVic ID: (VOO######) Netlink ID: Signing Authority: See the Purchasing Services webpage for the Delegation of Signing Authority Form Purpose of Account: Details: Source of Funding/Revenue (provide supporting documentation ie. contract)												
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	•	Purpose of	f Accou ı	nt:								
	·	Details : Sc	ource of	Funding,	/Rever	iue <i>(pro</i> i	vide supporti	ing documenta	tion ie.	contract)		
Describe how the funds will be used:								-				
Describe how the funds will be used :												
	•	Describe h	ow the	funds wi	ll be u	sed :						

•	Are there restrictions on the use of these funds: Yes No If Yes, please p	provide documentation.							
٠	Are there special reporting requirements: Yes No (i.e. sponsor re	equires statement of expenditures)							
	If so, who will be responsible for the reporting:								
	Expected duration of Account: Expected Total Revenue:	ue:							
	Where will surplus/deficit balance be disposed:								
	 must be a departmental general operating account if there is a deficit, account holder will be contacted before any transfer of fund 	ds							
FULL Regular Signature of Department Head, Dean or V-P *									
٠	Date (mm/dd/yy):								
٠	Name:								
٠	• UVIC ID: (V00#####)								
* \$	* Signature must be contained within the border of the box.								

- MUST BE CONSISTENT WITH BOG SIGNING AUTHORITY POLICY FM5100
- ACCOUNT HOLDER AND DELEGATE CANNOT SIGN ON BEHALF OF THE UNIVERSITY OF VICTORIA

The University of Victoria is designated as a local public body under the Freedom of Information and Protection of Privacy Act (FOIPPA). This act applies to all records in the custody, or under the control of the University. The Act provides access to the records of the University and prohibits unauthorized collection, use or disclosure of personal information by the University.

There are a few exceptions to the right of access. Section 21 on disclosure harmful to business interests of a third party requires the University to refuse to disclose information only when the information meets the three part test outlined in the section.

Personal information is collected in accordance with Section 26 (c) which states: "No personal information may be collected by or for a public body unless that information relates directly to and is necessary for an operating program or activity of the public body".

Accounting Office Use Only							
Accounting Approval:		Date:					
Notifications sent							
Dept/Acct Holder:	Budget Office:	Purchasing:					
Conference Memo	Entered in Signing Authority:						