



PROJECT BUDGET FORM

For Questions or HELP with the completion of this form, please contact (403) 210-9300 or finance@ucalgary.ca

ALL APPLICABLE SECTIONS MUST BE COMPLETED BEFORE YOUR REQUEST CAN BE COMPLETED
PLEASE SUBMIT WITH THE PROJECT UPDATE REQUEST FORM

PROJECT INFORMATION

RSO/RMS# (if applicable)

PROJECT #

Reference # (if applicable)

Effective Date for Change

SPONSOR & FUNDING INFORMATION

SPONSOR AND FUNDING INFORMATION

Sponsor Name: Legal entity providing funds to the institution. If funding is from an existing externally restricted project, sponsor name will be the same as the funding project. If funds are from the U of C's operating funds or an existing Internally Restricted Net Asset (IRNA) project, sponsor will be UCalgary - Faculty/Unit. Please ensure the appropriate Dept ID owner/Project Holder has signed below.

Multi-Source Funding: Will only be set up as a sponsor if there is a contractual requirement. Multisource may also be set up for Internally Restricted Net Asset (IRNA) projects that can receive external revenue.

Contact Information: Primary contact for the sponsor.

Funding Start/End Date/Amount: Will come from the Notice of Award, Contract, and/or Agreement documentation.

Sponsor Name

Contact Name

Phone #

Title

Email

Mailing Address

Reference #
(if applicable)

Are funds for a new Endowment:

Will funds be transferred from an existing project or other university funds:

If YES, please provide the appropriate accounting string(s):

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Fund

Dept ID

Internal

Project

Activity

Amount

Funding Source Project Holder / Dept ID (Fund 10) Owner Signature

Print Name

Signed Date
(MM/DD/YYYY)

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Fund

Dept ID

Internal

Project

Activity

Amount

Funding Source Project Holder / Dept ID (Fund 10) Owner Signature

Print Name

Signed Date
(MM/DD/YYYY)

CASH FLOW DISTRIBUTION

Funding Start Date <small>(MM/DD/YYYY)</small>		Funding Amount		Currency	
Funding Start Date <small>(MM/DD/YYYY)</small>		Funding Amount			
Funding Start Date <small>(MM/DD/YYYY)</small>		Funding Amount			
Funding Start Date <small>(MM/DD/YYYY)</small>		Funding Amount			
Funding Start Date <small>(MM/DD/YYYY)</small>		Funding Amount			

PROJECT BUDGET

Project Budget Start Date <small>(MM/DD/YYYY)</small>		Project Budget End Date <small>(MM/DD/YYYY)</small>	
Budget Submitted		Activity Code <small>(if applicable)</small>	

Note: Only detail budgets provided by financial statement line will be uploaded to eFIN

Note: If multiple activities, please submit budget per activity code

EXPENSE CATEGORIES		Year 1	Year 2	Year 3	Year 4	Year 5
Salaries & Scholarships	Personnel (Salary, Fellowships, Scholarships)					
Non-Salaries	Furniture & Equipment - Capital					
	Materials & Supplies					
	Purchased Services					
	Travel					
	Overhead					
	Other					
	Other					
	Other					
	Expense Subtotal					

PLEASE SUBMIT COMPLETED FORM WITH THE PROJECT UPDATE REQUEST FORM