

Short Term Investment Participation Agreement

Department Name _____

Contact Person _____

Phone _____ Fax _____

Restricted Cost Center 1215 0

Restricted Cost Center Name _____

Amount Invested \$ _____ .00

Twelve-Month Period of Investment:

Beginning date / /

Ending date / /

Signature of Person Responsible for Account Date

Signature of Dean or Director Date

Signature of Area Fiscal Officer Date

When submitted for approval, the Short Term Investment Participation Agreement must be accompanied by:

- an explanation of the purpose of the restricted gift; and
- an explanation of why investment participation is appropriate to the purpose of the gift, such as restricted gifts in support of building or renovation projects that will not commence until fundraising is completed.

Return to University Financial Services, 310 Peterson Service Bldg 0005

For Office Use Only

Ledger Balance _____ Multiple Investments Total Investment _____

Approval of V.P. Financial Planning & Chief Budget Officer _____ Date _____

Approval of Treasurer _____ Date _____