

Short-Term Investment Participation Agreement

Department Name _____

Contact Person _____

Phone _____ Fax _____

Restricted Cost Center _____

Restricted Cost Center Name _____

Amount Invested _____

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 submitting for approval, the Short-Term Investment Participation Agreement must be accompanied by:

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

Return to Sarah Simpson, Associate Treasurer for Debt and Liquidity Management,

University Financial Services

344 Peterson Service Building 0005

sarah.simpson@uky.edu

For office Use Only

Ledger Balance _____ Multiple Investments ☐ Total Investment _____

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

Approval of Treasurer _____ Date _____