

## 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 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 Sarah Simpson, Debt & Liquidity Senior Director, University Financial Services  
344 Peterson Service Building 0005  
[sarah.simpson@uky.edu](mailto: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 \_\_\_\_\_