

# NEW TRUST ACCOUNT AGREEMENT FORM

Questions? Contact Accounting Services & Financial Reporting

REVISED SEPTEMBER 2015

FISCAL YEAR

EFFECTIVE DATE

EXPIRATION DATE

PROJECT TITLE:

*Note: All Trust Accounts are subject to bi-annual renewals. University Guidelines for the Establishment and Administration of Trust Accounts can be found online at <http://finance.fullerton.edu/Controller/Accounting/TrustFunds/>.*

1. PURPOSE (DESCRIBE PURPOSE OF TRUST FUND)

2. SOURCE OF FUNDS (SPECIFY SOURCE OF FUNDS)

3. TYPES OF EXPENDITURES (DESCRIBE THE TYPE(S) OF EXPENDITURES PERMITTED FROM THIS FUND)

4. AGREEMENTS, RESTRICTIONS, REPORTING REQUIREMENTS (ATTACH SUPPORTING DOCUMENTATION IF APPROPRIATE)

5. EXPECTED DURATION/TIME CONSTRAINTS (PLEASE INDICATE END DATE OR "INDEFINITE")

6. DISPOSITION OF FUNDS AT TERMINATION OF PROJECT/INSTRUCTIONS FOR CLOSING THIS ACCOUNT (APPROVAL REQUIRED BY THE UNIVERSITY CONTROLLER)

7. PLANNED USE OF FUND BALANCE

DIVISION OF ADMINISTRATION & FINANCE USE ONLY - NO CHANGES CAN BE MADE TO INFORMATION. CONTACT ACCOUNTING SERVICES & FINANCIAL REPORTING FOR QUESTIONS OR CHANGES.

SCO FUND

FUND

ADMIN FEE %

FUND

DEPT

Authorization Reference:

# TRUST FUND AGREEMENT NEW TRUST FORM

Questions? Contact Accounting  
Services & Financial Reporting

REVISED SEPTEMBER 2015

**AUTHORIZED SIGNATURES FOR DISBURSEMENT**

DESCRIPTION	PRINTED NAME	SIGNATURE	DATE
VP of Division/Division Head			
Project Coordinator			
Dean/Administrator			
Dean/Administrator			

If needed, additional signatories can be added on Page 3.

By checking this box, the above noted signatories certify they have read and agree to all financial requirements for this trust fund agreement. The authorized signatories confirm that expenditure activities will conform to California State University, Fullerton and CSU Trustee policy, specifically Trust Fund Projects, and follow sound budgetary and fiscal practices. For signatory or Trust Fund Agreement content changes contact Accounting Services & Financial Reporting.

**TRUST BUDGET - CURRENT FISCAL YEAR**

**SOURCES OF FUNDS (Revenue)** (if applicable, current fee level \$ \_\_\_\_\_)

**Amounts (\$)**

Project Beginning Balance	<input type="text"/>
Revenue from Students	<input type="text"/>
Revenue from Outside entities	<input type="text"/>
Other (Please Specify) _____	<input type="text"/>
<b>TOTAL PROJECTED SOURCES OF FUNDS (include Projected Beginning Fund Balance)</b>	<input type="text"/>

**USE OF FUNDS (Expense)**

Personal Services	<input type="text"/>
Operating Expense and Equipment	<input type="text"/>
Travel	<input type="text"/>
Financial Services Fee	<input type="text"/>
Other (Please Specify) _____	<input type="text"/>
<b>TOTAL PROJECTED USES OF FUNDS</b>	<input type="text"/>
<b>PROJECTED FUND BALANCE AT FISCAL YEAR END</b>	<input type="text"/>

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**APPROVAL SIGNATURES**

DESCRIPTION	PRINTED NAME	SIGNATURE	DATE
Controller			
Interim Assistant Vice President, Resource Planning and Analysis			

Date Received  Effective Date  ADMIN FEE %  CMS FUND  CMS DEPT

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**AUTHORIZED SIGNATURES FOR DISBURSEMENT - ADDITIONAL SIGNATORY PAGE**

DESCRIPTION	PRINTED NAME	SIGNATURE	DATE

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