

**TRUST FUND AGREEMENT**

School/Department \_\_\_\_\_ Trust Fund Name: \_\_\_\_\_

Revenue Chartfield String	_____	-	_____	-	_____	-	_____
Expenditure Chartfield String	_____	-	_____	-	_____	-	_____

Purpose of Trust Fund: (Please type below)

Sources of Revenue: (Please type below)

Method of Collecting Revenue: (Please type below)

Type of Expenditures from Trust Fund: (Please type below)

Authorized Signatures for Disbursements: (Trust Funds require the signatures of the School Dean and one other authorized signature.)

NAME	SIGNATURE	TITLE	EXT
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Expiration: Instructions for closing Fund:

<input type="checkbox"/> Continuous	<input type="checkbox"/> _____ (Specify Date)
<input type="checkbox"/> When Funds Are Exhausted	<input type="checkbox"/> When Account Becomes Inactive for a Period Greater Than One Year
<input type="checkbox"/> When Agreement is cancelled	<input type="checkbox"/> Other (Explain) _____

Disposition of Unexpected Funds Upon Trust Termination:

Transfer to Consolidated Emergency Loan Fund

Return to Depositor

Other (Explain) \_\_\_\_\_

**TERMS OF AGREEMENT**

All fiscal transactions will be administered in compliance with the directives issued by Department of the State of California, Trustees of the California State University, Office of the President of the University, and by the Vice President for Administrative Affairs.

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| <ol style="list-style-type: none"> <li>All funds collected will be held and applied according to the purpose for which the project was established. Good business practice will be exercised in all transactions affecting the project. Each obligation will bear the authorization of the individual(s) named in this agreement.</li> <li>All property, equipment, and supplies shall become the property of the State and will be recorded, inventoried, and accounted for as such. In the event the Agreement is dissolved, all assets shall become State property subject to existing directives for disposition of same.</li> </ol> | <ol style="list-style-type: none"> <li>The University shall charge a service fee based on level of activity.</li> <li>University Financial Services will issue a monthly financial status report to the Fund Trustee/Project Coordinator for reconciliation. If they do not agree, University Financial Services should be notified within two weeks after the receipt of the monthly project accounts. If no objections are received, the records are deemed to be in agreement.</li> <li>The funds annual budget for each subsequent fiscal year should be submitted by May of the current year, when applicable.</li> </ol> |
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**SUBMITTED BY:**

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Fund Trustees/Project Coordinator

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
School Dean/Administration

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Cabinet Level Officer

**APPROVED BY:**

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Director of Accounting Services

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Associate Vice President, Finance & Administrative Services

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Vice President for Administrative Affairs