

Trust Fund Application

Please submit the completed Trust Fund Application to genacct@csudh.edu.

A. Trust Fund Information *Please complete all information in Section A before submitting to Accounting Services.*

Request Type: New Change Inactivation

Chartfield Required: Fund Dept ID Program (if applicable)

Trust Fund Name:

Purpose:

Source of Funds:

Types of expenditures: Payroll Travel
 Supplies and Services Others, specify below:
 Equipment _____

Agreements/Restrictions, if applicable:

Effective Date: Expiration Date: Indefinite:

Disposition of Funds upon termination of trust project/Instructions for closing this fund:
 ** Funds cannot be transferred to the Operating Fund (AADHT).

Financial Services Fee: All Miscellaneous Trust Funds (MTxxx) are subject to 7% administration fee.

Authorized Signatures for Disbursement *Please include all authorized signers and sample signatures in the space below*

Names of persons authorized to disburse funds	Sample signatures
<input type="text"/>	<input type="text" value="X"/>
<input type="text"/>	<input type="text" value="X"/>
<input type="text"/>	<input type="text" value="X"/>
<input type="text"/>	<input type="text" value="X"/>
<input type="text"/>	<input type="text"/>

Approved by: Dean or Administrator Name **Dean or Administrator Signature** **Date**

B. Financial Management Review

Authorization Reference:

Fund # / Name: Sub Fund # / Name:

Reviewed By:
Director, Accounting Services Signature Date

Approved By:
Vice President, Administration and Finance Signature Date

Reason for Disapproval / Other Comments:

C. Created in CFS by:
Name Signature Date

INSTRUCTIONS - TRUST FUND APPLICATION

Section A - Trust Fund Information

Request Type

Select either new, change , or inactivation.

Chartfield Required

Fund number will be supplied by Accounting Services. Once the fund is created, Accounting Services will provide the fund # to the requesting department. Type in the department ID that will be used with the requested fund. Type in any applicable program code.

Trust Fund Name

Type in the trust fund name or description.

Purpose

Describe the purpose of the fund.

Source of funds

Specify all source of funds or revenues.

Types of expenditures

Check all applicable types of expenditures that are allowed for this trust fund. If the Others check box is selected, make sure to specify what other expenditures are.

Agreements/Restrictions

Describe any special agreements or restrictions to this trust fund, if applicable.

Effective/Expiration Date

Type the effective date of the trust fund, usually the July 1 of the applicable fiscal year. Type the expiration date as well. If unknown, check the Indefinite box.

Disposition of Funds upon termination of trust project.

If there is a fund balance at the end of the project, describe how the funds will be distributed or transferred.

Section A - Authorized Signatures for Disbursement

Obtain sample signatures of authorized signers of the fund. Make sure that the signers are consistent with the signers on the Delegation of Authority for the indicated dept ID.

Also obtain the signature of the dean or the appropriate administrator.

Complete all of Section A, including signatures. Attach backup documentation such as MOUs, contract, or agreement, as well as a revenue/expense budget if available. When completed, submit the request to Accounting Services via email to genacct@csudh.edu for review and processing. Upon management review and approval, Accounting Services will create the new trust fund. Once the new trust fund is created, Accounting Services will notify the requesting department of their new Trust Fund number.