

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 <input type="checkbox"/>	Change <input type="checkbox"/>	Inactivation <input type="checkbox"/>
Chartfield Required:	Fund <input type="text" value="MT"/>	Dept ID <input type="text"/>	Program (if applicable) <input type="text"/>
Trust Fund Name:	<input type="text"/>		
Purpose:	<input type="text"/>		
Source of Funds:	<input type="text"/>		
Types of expenditures:	<input type="checkbox"/> Payroll <input type="checkbox"/> Travel <input type="checkbox"/> Supplies and Services <input type="checkbox"/> Others, specify below: <input type="checkbox"/> Equipment		
Agreements/Restrictions, if applicable:	<input type="text"/>		
Effective Date:	<input type="text"/>	Expiration Date:	<input type="text"/> Indefinite: <input type="checkbox"/>
Disposition of Funds upon termination of trust project/Instructions for closing this fund: ** Funds cannot be transferred to the Operating Fund (AADHT).			
<input type="text"/>			

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"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
Approved by: Dean or Administrator Name	Dean or Administrator Signature	Date

B. Financial Management Review

Authorization Reference:	<input type="text" value="Education Code 89301"/>	
Fund # / Name:	<input type="text" value="0948 - CSU Trust Fund"/>	Sub Fund # / Name: <input type="text" value="496 - TF - Miscellaneous Trust"/>
Reviewed By:	<input type="text"/>	<input type="text"/>
	<i>Director, Accounting Services</i>	<i>Signature</i>
		<i>Date</i>
Approved By:	<input type="text"/>	<input type="text"/>
	<i>Vice President, Administration and Finance</i>	<i>Signature</i>
		<i>Date</i>
Reason for Disapproval / Other Comments:	<input type="text"/>	

C. Created in CFS by:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name</i>	<i>Signature</i>	<i>Date</i>

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.