

California State University, Fresno  
**TRUST FUND AGREEMENT FORM**

For Accounting Use Only

**REQUEST FOR ESTABLISHMENT OF A TRUST FUND ACCOUNT**

TO: Director of Accounting Services, M/S JA 58

FROM: Department \_\_\_\_\_ Date \_\_\_\_\_

Requestor: This form must be completed in its entirety or it will be returned to the originator. If additional space is needed, please use back of form.

*Please print or type:*

1. Please establish a trust account entitled:

\_\_\_\_\_

2. The funds to be deposited in this account are received from:

\_\_\_\_\_

3. The funds are to be used for the purpose of:

\_\_\_\_\_

4. It is anticipated that this account will need to remain open for:

\_\_\_\_\_

5. Indicate the instructions for the disposition of funds in the event the purpose of the funds is completed and the account should be closed:

\_\_\_\_\_

*Expenditures to be authorized by:*

\_\_\_\_\_  
Name and Title (print or type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (print or type)

\_\_\_\_\_  
Signature

To recover the business management expenses incurred in administering this fund, the Accounting Office will retain any interest earned on this account, and additionally a 6% service charge be computed quarterly on the gross amount deposited into this account.

Reporting for this fund is accessible on line, per our existing computing environment.

*For Accounting Office Use only*

Established in accordance with:

\_\_\_\_\_

Received by:

Date:

Approved by:

Date:

\_\_\_\_\_