



TRUST AGREEMENT ACCOUNT REQUEST/UPDATE FORM

A. Essential Facts

Project Title: _____

Purpose: _____

Source of Funds: _____

Types of Expenditures: _____

Reporting Requirements: _____

Expected duration (Check One): Indefinite _____ Definite _____ Approx. End Date _____

Disposition of funds at Termination of Trust Project:

Agreements/Constraints/Restrictions (Attach supporting documentation):

Submitted By:

Requestor Date Phone Ext

Dean/Administrator/Project Coordinator Date Phone Ext

Chartfield:

BusUnit	Fund	DeptID	Program	Proj/Grant	Class

Continued on page 2

B. Accounting Office Review		
Authorization Reference:	_____	
Subject to Unrelated Business Income Tax (UBIT)	_____ Yes	_____ No
Revenue Analysis Questionnaire Completed	_____ Yes	_____ No
SCO Fund Name	_____	SCO Fund: _____
SCO Subfund Name	_____	SCO Subfund: _____
Trust Acct. Name	_____	
Funds are:	_____ Restricted	_____ Unrestricted
Financial Services Fee:	_____	
Reviewed By:	_____	_____
	Manager/Accounting Office	Date

C. Approval	
_____	_____
AVP Fiscal Services	Date

D. Distribution

Original = Trust File
Copies: Purchasing Department
Requestor