



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:

\_\_\_\_\_

Chartfield to be Used Upon Dissolution of Trust:

BusUnit	Fund	DeptID	Program	Proj/Grant	Class

Agreements/Constraints/Restrictions (Attach supporting documentation):

\_\_\_\_\_

Submitted By:

Requestor \_\_\_\_\_ Date \_\_\_\_\_ Phone Ext \_\_\_\_\_

Dean/Administrator/Primary Investigator \_\_\_\_\_ Date \_\_\_\_\_ Phone Ext \_\_\_\_\_

Chartfield:

BusUnit	Fund	DeptID	Program	Proj/Grant	Class

**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: \_\_\_\_\_

CSU Fund Name: \_\_\_\_\_ CSU Fund: \_\_\_\_\_

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: Department  
 Requestor