Financial Services

5500 University Parkway. San Bernardino, CA 92407 Main (909) 537-7213 Fax (909) 537-7175

ACCOUNT ESTABLISHMENT AGREEMENT

		NEW	UPDATE
Title of A	ccount:		
Purpose			
Revenue Source:			Dept Code:
Authorize	d Signatures (minimum of two)		
	Signature		Signature
	Additional Signature (If Applicable)		Additional Signature (If Applicable)
	Please Print Name		Please Print Name
	Please Print Name		Please Print Name
NOTE:	Accounts that have been inactive for more than one year may be subject to closure unless prior arrangements have been made. Disposition of undesignated funds will be placed in the CSUSB Philanthropic Foundation unrestricted account unless an account is referenced below. If the account becomes inactive, unexpended funds may be placed in the following account:		
 * The Auxiliary Accounting Department shall be the fiscal agent for this account. * Expenditures will not be made nor will financial obligations be committed external to the Auxiliary Accounting Department. * Purchases, consultant, personnel and employment agreements will be made only within the Auxiliary Accounting policy and procedure guidelines. * Transactions are to be in the support of the specified area and used in conjunction with the "Educational mission of the University." * Payment for personal expenditures or payments to an authorized signatory must be approved by an authorized signatory other than the payee. * ANY REQUEST FOR PAYMENT THAT IS OUTSIDE OF THE SPECIFIC AUTHORIZATION ON FILE WILL BE RETURNED UNPAID. 			
Accounti	Accepted: Project Dire	ector/Account Custod	Date:
Accounting use only: Date:			
Accou	at number assigned:		