

California State University San Bernardino

TRUST FUND INFORMATION FACT SHEET

Please complete items 1-12 listed below and return form to the Accounting Services Office in Sierra Hall 134 or email it to Tina.Tello@csusb.edu. Refer to the next page for instructions.

Date:

TRUST FUND CODE:

(Accounting will provide if new)

CSU FUND CODE:

(Accounting office use)

1. Check if new request or revision: ☐ NEW ☐ REVISION

2. Name of Fund:

3. Department ID:

4. Source of Funds:

5. Use of Funds:

6. Amount of Fee:

7. Duration:

8. Fee Category:

9. Individual managing the account:

Name	Title	Email / Extension	Signature	Date

10. Individuals authorized to spend:

Delegation of fiscal authority is maintained in DACS. Please make sure to work with the appropriate DACS administrator for your division or college.

<https://www.csusb.edu/accounting/resources/delegation-authority>

11. Approval of Department Dean/Director:

Print Name

Signature

Date

12. Approval of Division Vice President over the department responsible for this trust:

Print Name

Signature

Date

13. Approval of Finance, Technology and Operations Vice President (or designee):

Print Name

Signature

Date

ACCOUNTING USE: Review _____ COA _____ Image _____

California State University San Bernardino

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INSTRUCTIONS

1. New or Revision: Select New if this is the initial request to establish the trust fund. Select Revision if this is a request to update the original trust fund information fact sheet (e.g. new individual managing the account, authorized to spend, source of funds or use of funds has changed, etc.)
2. Name of Fund: Provide the title of the trust being created (maximum 30 characters)
3. Department ID: Provide the 5-digit department ID(s) to be used with this Fund (e.g.: D0200)
4. Source of Funds: Describe briefly where funds are coming from (e.g. funds are collected from students through lab fee charges). Please reference and include an attached document if additional space is needed.
5. Use of Funds: Describe how the funds will be spent. Specifics shall be included for items out of the ordinary from routine expenditures. Expenses charged to trusts must be consistent with the stated "Use of Funds". If use of funds for administrative and/or overhead costs is restricted, please include in detail. Please reference and include an attached document if additional space is needed.
6. Amount of Fee: If a specific fee has been established, please indicate the fee (or range of fees) to be collected. If no specific fee has been established, write N/A.
7. Duration: Indicate the length of time you anticipate the trust fund to exist. If not known, write "Indefinite".
8. Fee Category: If applicable – indicate fee category based on Executive Order 1102-The California State University Fee Policy. <https://calstate.policystat.com/policy/14548905/latest/>. If source of funds is not a student fee, write N/A.
9. Individual managing the account: Indicate the individual who will manage and answer inquiries regarding activities within the Trust Fund.
10. Individuals authorized to spend: Individuals authorized to spend are maintained in DACS. Please see the DACS administrator for the corresponding division or college.
11. Approval of Department Dean/Director: Must be signed acknowledging the establishment of the trust fund, and approval of items 1 through 10.
12. Approval of Division Vice President: Must be signed acknowledging the establishment of the trust fund, and approval of items 1 through 10.

Please **complete all items** listed above and return to the Accounting Services Office in Sierra Hall 134 or email Tina.tello@csusb.edu.

The Accounting Services Team will review the new or revised Trust Fund Fact Sheet and then return it to the submitter for their records.