

CSUSB FOUNDATION

Building a Culture of Philanthropy

New

ENDOWMENT ACCOUNT FORM

Update

Please complete all sections and return to University Advancement Services

Date:	Development Officer Name:			
Account/Scholarship Name:				
Donor(s):		AdvanceID:		
Add'l Stewardees:		AdvanceID:		
Source of Funds:	New Gift	Existing	Transfer	Department Code:
Account Purpose: Scholarship Program: <i>Please complete the <u>Gift Establishment Form</u>, and attach it to this form</i>				

Scholarship Info/Financial Aid

Aid Year:	# of Students:	Campus:	Enrollment Status:
Degree Level:		Class Level:	GPA:
College:	Major:		
Financial Need:	Renewable:	Donor Thank You Letter:	
Scholarship Committee:			Contact Name:

Additional Criteria/Notes:

Notes for Financial Aid:

Transfer Instructions (If needed):

Current Account Location:		Transfer Amount:	
New Account Location:			

Notes/Instructions for Financial Services:

Notes/Instructions for Advancement Services:

Acknowledgement Signatures

Administrator/Department Head

CSUSB Philanthropic Foundation Executive Director

Print Name

Print Name

Auxiliary Accounting Only:

Approved: _____

Date: _____

Endowment Scholarship: (P39) _____ / (P40) _____

Item Type Number (from SFS): _____

Financial Aid Only:

FA Staff Initials: _____

NextGen/PeopleSoft: _____

Date: _____

Scholarship Name: _____

Financial Services

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

ACCOUNT ESTABLISHMENT AGREEMENT

NEW

UPDATE

Title of Account:

Purpose:

Revenue Source:

Dept Code:

Authorized 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.

Accepted: _____
Project Director/Account Custodian

Date: _____

Accounting use only:

Approved: _____ Date: _____
Account number assigned: _____