

CSUSB FOUNDATION

Building a Culture of Philanthropy

New

EXPENDABLE 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:

Scholarship Info/Financial Aid

Aid Year:	# of Students:	Award Amount:	Campus:
Degree Level:	Class Level:	Enrollment Status:	
College:	Major:	GPA:	
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: _____

Expendable Scholarship: (P30) _____

Item Type Number (from SFS): _____

Financial Aid Only:

FA Staff Initials: _____ NextGen/PeopleSoft: _____ Date: _____

Scholarship Name: _____