

*This form is used to establish a new or update an existing university trust fund. Before completing this form, please refer to the SJSU's [Trust Fund Guidelines](http://www.sjsu.edu/finance/policies_guidelines/trust_fund_guidelines/) (http://www.sjsu.edu/finance/policies_guidelines/trust_fund_guidelines/) for applicable policies and charges. **Return the completed and signed form to Budget and Risk Management, Extended Zip 0004.***

Requester Information

Contact Name: _____	Contact Phone: _____
College/Department: _____	Ext. Zip: _____

Trust Fund Information

1. Action Requested:	Establish New Fund	Update Existing Fund	Inactivate Fund
2. Fund Name (25 character max.):	_____		
3. If updating or inactivating fund, provide Fund Number:	_____		
Reason for the update or to inactivate fund:			
4. Is there a mandatory fee associated with this fund?			
	Yes (Attach proof of Campus Advisory Committee Approval)	No	
5. Describe the program activity associated with this fund:			
6. Who will provide the revenues received by this fund?			
7. What is the basis of the revenue amount (fee, flat amount, and etc.)?			
8. What goods/services will be provided in exchange for the revenues received?			

9. Will payroll and benefits be charged to this fund? If yes, list job titles/functions that will be performed.

10. This fund will remain active until (mm/dd/yy): _____ **or** Indefinitely

11. Describe the disposition of remaining funds upon termination of the trust:

Authorization

By signing below, signatories certify they have read and agree to adhere to the SJSU's Trust Fund Guidelines, specifically the section titled, "Trust Fund Administration." They confirm that any expenditure activity authorized by signer(s) noted below will conform to the California State University, SJSU, and Trustee policy (specifically Trust Fund Projects), and follow sound budgetary and fiscal practices.

Trust Fund Owner		
Signature: _____	Print Name: _____	Date: _____
College Dean		
Signature: _____	Print Name: _____	Date: _____
Provost/Vice President		
Signature: _____	Print Name: _____	Date: _____
Senior Associate Vice President, Finance		
Signature: _____	Print Name: _____	Date: _____
Director, Accounting Services		
Signature: _____	Print Name: _____	Date: _____

Central Finance Use Only

Admin. & Finance Fee (% of annual income):	8%	Interest:	Yes	No
Interest Distribution Fund:	_____			