



## University Auxiliary Services, Inc. Local Trust Account Application and Agreement

All trust accounts must comply with the guidelines, policies and procedures set forth on the attached handbook. Before completing the application, please read the handbook.

Completion of this application in **FULL** is required for all. Please type or print.

### General Information

Project Name: _____	Project Number (To be assigned by UAS if new) _____
Is this a revision to an existing trust account:    Yes    No	
Is this account associated with a contract and grants award?    Yes    No (if yes, please provide project name _____ and Proj. ID # _____)	

### Account Manager Information

Account requested by: Name:    (Last)                    (First)                    (Middle)	Dr Mrs. Mr. Ms.
Title: _____	
School/Administrative Group: _____	Department: _____

### Account Types

<b>Donor restricted</b>	<b>Donor restriction on gifts:</b>  None  Temporarily Restricted – Please specify _____ _____  Fund Raising Event – Please specify _____ _____  <i>(All Scholarship proceeds will go to The CSLA Foundation)</i>
<b>Internally designated</b>	<b>Internal Designation:</b>  Hospitality  Other Purpose – Please specify _____ _____
<b>Unrestricted</b>	
<b>Describe in detail the restriction on use of gift income: (required for restricted and internally designated accounts)</b> _____ _____ _____	
<i>Please attach documentation regarding donor restrictions on the use of gifts and related income.</i>	





**University Auxiliary Services, Inc.  
Local Trust Account Application and Agreement**

**Authorized Signatures**

Number	Print name	Title	Campus Phone Ext.	Signature
1				
2				
3				
4				
5				

Request for expenditures from this account must be signed by any \_\_\_\_\_ of the signatories listed above

**Dean/Administrative Head Approval**

Signatures Approved by:	Signature:	Date:
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**Trust account Agreement Signature**

UAS Inc., accepts funds in accordance with its authorization under the provisions of its operating agreement with the Trustees of the CSU and as specified under title 5CCR, §42500. By signing this agreement, the account requestor and approver certify that they have read, understood and accept the terms and conditions stated in the "Trust Account Handbook".

Print name

Title

Date

Signature

**UAS official Approval**

**\*\*ACCOUNT NOT VALID UNLESS APPROVED BY UAS ASSOCIATE EXECUTIVE DIRECTOR\*\***

Signatures Approved by: (Please Print Name)	Signature:	Date:
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