



AGREEMENT FOR ESTABLISHMENT OR CONTINUATION OF A **FEE BASED** UNIVERSITY TRUST FUND

1. Trust Number: RT Trust Fund Name: \_\_\_\_\_
2. Purpose of Trust Fund: \_\_\_\_\_
3. Source(s) of Revenue: \_\_\_\_\_
4. Allowable Expenditures: \_\_\_\_\_
5. Agreements, Restrictions,  
or Reporting Requirements: Fee Advisory Committee Approval Required
6. Course Fee: ☐ or User Fee: ☐ 7. Expected Duration: Indefinite ☐ or End Date: \_\_\_\_\_ 8. Department ID: \_\_\_\_\_
9. Disposition of Funds Upon Termination: \_\_\_\_\_ 10. Fee Amount: \_\_\_\_\_
11. New Fee: ☐ or Addition to a Current Fee: ☐ 12. Primary Contact: \_\_\_\_\_

Persons Authorized to Expend and Commit/Encumber Funds

Typed or Printed Name

Sample Signature or Electronic Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The above noted signatories certify they have read and agree to all financial requirements for this trust fund agreement. They confirm that any expenditure approved by the authorized signer(s) noted above will conform to University and CSU policy and follow sound budgetary and fiscal practices. Please remit finalized agreement to Financial Services, Salazar Hall, Second Floor or select the 'Submit' button on top of form.*

Submittal Signatures for Course Fee or User Fee Approval

\_\_\_\_\_  
Date \_\_\_\_\_

Department Chair or Project Coordinator

\_\_\_\_\_  
Date \_\_\_\_\_

Associated Students School Senator

\_\_\_\_\_  
Date \_\_\_\_\_

Dean or Administrator

\_\_\_\_\_  
Date \_\_\_\_\_

Chair, Campus Fee Advisory Committee

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Presidential Signature Required

**Financial Services Review and Approval**

Authorization Reference: ED Code Section 89721 and EO1000 Administrative Fee: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Companion Fund: \_\_\_\_\_

FNAT Key: \_\_\_\_\_