



AGREEMENT FOR ESTABLISHMENT OR CONTINUATION OF A UNIVERSITY TRUST FUND

1. **Trust Number:** _____ **Trust Fund Name:** _____
2. Purpose of Trust Fund: _____
3. Source(s) of Revenue: _____
4. Allowable Expenditures: _____
5. Agreements, Restrictions,
or Reporting Requirements: _____
6. Expected Duration: Indefinite ☐ or End Date: _____ 7. Department ID/Name: _____
8. Disposition of Funds Upon Termination: _____ 9. Primary Contact: _____

Persons Authorized to Expend and Commit/Encumber Funds

Typed or Printed Name

Digital, Handwritten Signature REQUIRED

(Block Typed Signatures Not Accepted - See Instructions)

Approved by: _____

President, Vice President, Associate Vice President, Dean, or Senior Director

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 completed agreement by selecting the 'Submit' button below or emailing leilani.fuiten@sonoma.edu.

Financial Services Review and Approval

Authorization Reference: ED Code Section 89721 and EO1000 Administrative Fee: _____

Approved by: _____ Date: _____ Companion Fund: _____

FNAT Key/CSU Fund: _____ Claimable Fund Checked: Yes No