



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