			J
Trus	t A	ersity, Stanislaus CCOUNT MENT	
0			
<i>Note:</i> Interest earned on excess balances wide account in lieu of charge			
REQUESTING DEPARTMENT:		DATE:	
TRUST NAME:			
BRIEF DESCRIPTION/PURPOSE OF TRUST ACTIV			
SOURCE OF RECEIPTS:			
ANTICIPATED TYPES OF EXPENDITURES (PLEAS	E BE SPECIF	IC):	
DISPOSITION OF FUNDS UPON TERMINATION OF PROJECT//() TRANSFER TO RELATED GENERAL FUND ACCOUNT () OTHER INSTRUCTION FOR CLOSING ACCOUNT: () WHEN FINANCIAL SERVICES RECEIVES FORMAL NO () OTHER	TICE	EXPIRATION () CONTINUOUS () OTHER(ending	g date)
AUTHORIZED SIGNATURES FOR DISBURSEMENTS:	Check box	if two signatures are required for expenditu	ıres.
NAME SIGNATUR		TITLE	EXT. NO.
APPROVALS:			
DEPARTMENT CHAIR OR HEAD:			
DEAN OR DIRECTOR:			
A.V.P., FINANCIAL SERVICES:			
 TERMS OF AGREEMENT 1. Project account monthly statements are continuously available or records do not agree, Financial Services should be notified as soon notification of error is not received. 2. All property, equipment and supplies shall become the property In the event the project is dissolved, all assets shall become State 3. Negative account balances are not allowable under State Trust resolved with Financial Services may be closed and will become the 	n as possible. Re of the State and v property subject t egulations. Acco	ecords are deemed to be in agreement if will be recorded, inventoried and accounted o existing directives for disposition of same punts with negative balances that are not in	e.
ACCOUNT INFORMATION:		FINANCIAL SERVICES USE ON	ILY:
REVENUE:		DATE ESTABLISHED:	
EXPENSE:	_	CASHIERS DETAIL CODE:	
FUND DEPT PRGM PROJ		PAYROLL HEADER:	

CLASS.

PAYROLL HEADER: I/O ACCOUNTS: