

## TRUST ACCOUNT SET UP APPLICATION

This application is used to establish a trust account in the Business Office.

### 1. Account information

Date of Application

Name of Department

Name of Account

Purpose of Charter

  


Approved by Department Chair / Manager

Type or Print Name / Title of Authorized Signer	Signature

Approved by Academic Dean / Division Head

Type or Print Name / Title of Authorized Signer	Signature

Approved by Vice President of Admin Services

Type or Print Name / Title of Authorized Signer	Signature

### 2. Designated Account Signers

Signature release criteria     only one signature required     two signatures required from the list below

Date	Printed Name	Title	Authorized Signature

### 3. Allowable expenses include the following below

		Not Allowable Expenses
<input type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> _____
<input type="checkbox"/> Food	<input type="checkbox"/> Personal Service Contract	<input type="checkbox"/> _____
<input type="checkbox"/> Lodging	<input type="checkbox"/> Contract for Professional Service	<input type="checkbox"/> _____
<input type="checkbox"/> Equipment	<input type="checkbox"/> Other _____	<input type="checkbox"/> _____

All funds held within a Business Office Trust account which remains inactive for a period longer than 24 months from the date of last recorded activity shall be closed after adequate written notification has been provided to the designated account signers. If money remains it will be deposited in the College's general fund.

Business Office Use Only		
Date Initiated: _____	Account Number: _____	Approved by _____
Contact information _____		