CALIFORNIA STATE UNIVERSITY, MONTEREY BAY

**Trust or Special Fund/Projects Agreement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Department: |  | Project Name: |  | |
| Project Fund Code: | TP |

Purpose of Fund:

|  |
| --- |
|  |
|  |

Source of Revenue and Method of Revenue Collection:

|  |
| --- |
|  |
|  |

Type of Expenditures (Provide details):

|  |
| --- |
| Expenses in support of, including but not limited to, |
|  |

Authorized Disbursements:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name (Printed or Typed)** |  | **Signature** |  | **Title** |  | **Ext. No.** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |

**TERMS OF AGREEMENT**

All fiscal transactions will be administered in compliance with the directives issued by the Departments of the State of California and the Trustees of The California State University.

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| --- | --- | --- |
| 1. All funds will be held and applied according to the purpose for which the project was established. Good business practice will be exercised in all transactions affecting the project. Each obligation will bear the authorization of an individual named in this agreement. The authorized signers are responsible for ensuring financial transactions comply with the terms of this agreement. 2. The duration of the trust project is indefinite or until the agreement is modified or terminated. |  | 1. All property, equipment and supplies shall become the property of the State and will be recorded, inventoried and accounted for as such. In the event the project is dissolved, all assets shall become State property subject to existing directives for disposition of same. 2. An Administrative fee equal to 8% of total revenue will be charged against the project. 3. Instructions to terminate: Memorandum to Director of Budget and Planning. |

Procedure: Complete form, with departmental signatures, and forward to the Budget Office for review. Fund codes will be issued via e-mail.

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| --- | --- | --- |
| **SUBMITTED BY:** |  | **APPROVED BY:** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signed: | |  | |  | |  | Signed: | |  |  |
| Printed: | |  | |  | |  | Printed: | | N/A |  |
| Project Coordinator | | Date | |  |  | | Director of Budget and Planning | Date |
|  | |  | |  |  | |  |  |
| Signed: | |  |  |  | | Signed: |  | |  |
| Printed: | |  |  |  | | Printed: | Susan Koch | |  |
| Dean/Department Head | | Date | |  |  | | Director of Accounting | Date |

Optional (if needed by Division Procedures):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signed: |  |  |  | Signed: |  |  |
| Printed: |  |  |  | Printed: | Michal-Anne Miller |  |
| Dean/Director/VP | Date |  |  | Associate V.P. for Finance | Date |