





(Select Business Unit Above - Please Print or Type This Form)

Kuali IP #:

(For Grants/Contract Use)

Fund Request and Signature Authorization Form

The following information is required to create a fund with the Auxiliary Organization of CSU Monterey Bay designated above. Please complete this form in its entirety.

Department:	(Description of update)
1.70.41	College:
und Title:	
lease identify source of funding. Use question four	(4) below for additional information.
Grant /Contract (List P.I. and awarding agency below in question four (4) below. Skip question 6.) Incentive Fund	Auxiliary Fund (Budgeted by Corporation) *Gift/Donation * (University Development approval required on pag Other (e.g. endowment, sponsorship, program, etc)
rurpose and/or description of the fund:	
lifferent than deficit fund). THIS IS A REQUIRED	PIELD.
What type of expenditures will be authorized from t	his fund?
What type of expenditures will be authorized from to (Not applicable to grants and contracts. Please refer to agency and contracts).	his fund? oproved budget for list of authorized expenditures.)
What type of expenditures will be authorized from to the contracts of the contract	his fund? pproved budget for list of authorized expenditures.) Time/Overload Student Wages & Benefits
What type of expenditures will be authorized from to (Not applicable to grants and contracts. Please refer to agency and Salaries & Benefits Honoraria/Awards Scholarships (no other expens)	his fund? pproved budget for list of authorized expenditures.) Time/Overload Student Wages & Benefits Supplies es permitted)
What type of expenditures will be authorized from to the contracts of the contract	his fund? pproved budget for list of authorized expenditures.) Time/Overload Student Wages & Benefits Supplies es permitted)
What type of expenditures will be authorized from to (Not applicable to grants and contracts. Please refer to agency and Salaries & Benefits Honoraria/Awards Scholarships (no other expens)	his fund? pproved budget for list of authorized expenditures.) Time/Overload Student Wages & Benefits Supplies es permitted)

page 1 of 2 Rev 03.19.24

	Start or Renew date:	End or Review date:	(update required i more than 5 years)
Addition	al request/provisions by requ	uestor (e.g. dual signatures):	
Who wil	l be authorized to make expe	enditures from this fund? s specified, authorized individual can approve any	. dollar amount
	v	Authorized Amount	
	Signature	(if applicable)	Printed/Typed Name
Authori	ized Signer Agreement:		
 All funds contransactions department of 30 days fron Checks shou All Principal 	ollected are held and applied according to to affecting the fund/project. Each obligation or Project Coordinator to reconcile his/hern the end of the month. If no objections are all be made payable to the appropriate auxiliary.	the purpose for which the fund was established. Go n will bear the authorization of an individual named r records monthly. If they do not agree, the Corpor- e received, the records are deemed to be in agreement liary. Any funds that rightfully belong to the State (C at they will disclose conflicts of interest related to any	d in the agreement. It is the responsibility of the ration Accounting Office must be notified within it. SSUMB) will not be deposited with the auxiliary.
	onation Funds (in addition to the	items listed under All Funds):	
All fundrais CSUMB rec	ing efforts by my department will be clear quirements or restrictions.	red in advance with University Development for co	
 Donor restri 	ictions on gift deposits to an auxiliary must	st be consistent with the established purpose of the	account. The auxiliary maintains various accounts
for Universi		tly managing donor imposed restrictions on funds.	CONTROL III CONTROL
- All withdray	and transfers must be consiste	The second and compliant with any reuch	TO A COLL COLIMB anvillary of CSUMB
and account	restrictions/directives. Withdrawal reque	ests will include a detailed explanation of the busine	
and account explanation	restrictions/directives. Withdrawal reque to demonstrate that the transaction is cons	ests will include a detailed explanation of the busine sistent with the University's educational mission an	ess purpose of the withdrawal with sufficient
and account explanation	restrictions/directives. Withdrawal reque	ests will include a detailed explanation of the busine sistent with the University's educational mission an	ess purpose of the withdrawal with sufficient
and account explanation occasionally	restrictions/directives. Withdrawal reque to demonstrate that the transaction is cons y review expenditures to ensure they align	ests will include a detailed explanation of the busine sistent with the University's educational mission an	ess purpose of the withdrawal with sufficient donor intent. University Development may
and account explanation occasionally By sig	restrictions/directives. Withdrawal reque to demonstrate that the transaction is cons y review expenditures to ensure they align	ests will include a detailed explanation of the busine sistent with the University's educational mission an with donor intent.	ess purpose of the withdrawal with sufficient d donor intent. University Development may
and account explanation occasionally	restrictions/directives. Withdrawal reque to demonstrate that the transaction is cons y review expenditures to ensure they align gning below you are certifying that the per	ests will include a detailed explanation of the businesistent with the University's educational mission an with donor intent. **rrson(s) listed above has/have the authority to apprairs.	ess purpose of the withdrawal with sufficient d donor intent. University Development may
and account explanation occasionally By sig	restrictions/directives. Withdrawal reque to demonstrate that the transaction is cons y review expenditures to ensure they align	ests will include a detailed explanation of the busine sistent with the University's educational mission an with donor intent.	ess purpose of the withdrawal with sufficient ad donor intent. University Development may rove transactions related to this fund/project.
and account explanation occasionally By sig	restrictions/directives. Withdrawal reque to demonstrate that the transaction is cons y review expenditures to ensure they align gning below you are certifying that the per Supervisor's Signature	ests will include a detailed explanation of the businesistent with the University's educational mission an with donor intent. **rson(s) listed above has/have the authority to appr Type Name	rove transactions related to this fund/project. Date
and account explanation occasionally By sig Approved:	restrictions/directives. Withdrawal reque to demonstrate that the transaction is consy review expenditures to ensure they align a graing below you are certifying that the per Supervisor's Signature *Next Higher Officer's Approval Signature	ests will include a detailed explanation of the businesistent with the University's educational mission an with donor intent. **Trson(s) listed above has/have the authority to appr Type Name Type Name	rove transactions related to this fund/project. Date
and account explanation occasionally By sig Approved: * Next High	restrictions/directives. Withdrawal reque to demonstrate that the transaction is consumer to demonstrate that the transaction is consumer to demonstrate that the transaction is consumer to demonstrate the restriction of the service	ests will include a detailed explanation of the businesistent with the University's educational mission an with donor intent. **rson(s) listed above has/have the authority to appr Type Name	part of the withdrawal with sufficient and donor intent. University Development may be rove transactions related to this fund/project. Date Date Date Date Date Date
and account explanation occasionally By sig Approved: Approved: * Next High	restrictions/directives. Withdrawal reque to demonstrate that the transaction is constructed as a review expenditures to ensure they align to supervisor's Signature *Next Higher Officer's Approval Signature *Next Higher Officer's Approval Signature ther Officer's approval is not necessary if the sident is listed in the signature authorization.	ests will include a detailed explanation of the businesistent with the University's educational mission an with donor intent. **rson(s) listed above has/have the authority to appr Type Name Type Name **Type Name** Type Name **he Supervisor is a Vice President. Also, the President is a second to the businesis of the busine	Pate Date Date John
and account explanation occasionally By sig Approved: * Next High Vice Pres All requests for document of re Organization viliabilities, and	strestrictions/directives. Withdrawal request to demonstrate that the transaction is considered to demonstrate the supervisor of the supervisor's Signature *Next Higher Officer's Approval Signature *Next Higher Officer's Approval Signature *Next Higher Officer's Approval Signature **CAMPUS PROGRAM For a campus program fund must be authorized account a compusion of the designated Auxiliar will be held accountable and responsible of fiduciary responsibilities.	ests will include a detailed explanation of the businesistent with the University's educational mission an with donor intent. **Trson(s) listed above has/have the authority to approximate Type Name Type Name Type Name **Type Name** Type Name **Ty	Date Date Pent's signature is only required if a fund is being requested (see below). ARSHIP REQUESTS Description of ownership, the Auxiliary
and account explanation occasionally By sig Approved: * Next High Vice Pres All requests for document of re Organization viliabilities, and	strestrictions/directives. Withdrawal request to demonstrate that the transaction is considered to demonstrate that the transaction is considered to demonstrate that the transaction is considered as a series of the supervisor of the supervisor's Signature *Next Higher Officer's Approval Signature **CAMPUS PROGRAM For a campus program fund must be authorization **CAMPUS PROGRAM For a campus program fund must be authorized record recognizing the designated Auxilian will be held accountable and responsible justices.	ests will include a detailed explanation of the businesistent with the University's educational mission an with donor intent. Preson(s) listed above has/have the authority to approximate Type Name	Date Date Part of signature is only required if a fund is being requested (see below). ARSHIP REQUESTS Description of ownership, the Auxiliary
and account explanation occasionally By sig Approved: * Next High Vice Pres All requests for document of reformation vilabilities, and CAMPUS PROADER.	*Next Higher Officer's Approval Signature *The Officer's approval is not necessary if the sident is listed in the signature authorization *CAMPUS PROGRAM For a campus program fund must be authorized authorized for the signature of the designated Auxilian will be held accountable and responsible of fiduciary responsibilities. *OGRAM FUND: University President's Signature	ests will include a detailed explanation of the businesistent with the University's educational mission an with donor intent. **Trson(s) listed above has/have the authority to approximate Type Name Type Name Type Name **Type Name	Date Date Part of signature is only required if a fund is being requested (see below). ARSHIP REQUESTS Description of ownership, the Auxiliary
and account explanation occasionally By sig Approved: * Next High Vice Pres All requests for document of reformation vilabilities, and CAMPUS PROADER.	*Next Higher Officer's Approval Signature *Next Higher Officer's Approval Signature *Next Higher Officer's Approval Signature *The Approval is not necessary if the sident is listed in the signature authorization *The CAMPUS PROGRAM For a campus program fund must be authorized recognizing the designated Auxilian will be held accountable and responsible of fiduciary responsibilities. *OGRAM FUND:	ests will include a detailed explanation of the businesistent with the University's educational mission an with donor intent. **Trson(s) listed above has/have the authority to approximate Type Name Type Name Type Name **Type Name	Date The signature is only required if a fund is being requested (see below). ARSHIP REQUESTS The see. Once authorized, this form serves as the official determination of all legal obligations, fiscal
and account explanation occasionally By sig Approved: * Next High Vice Pres All requests for document of reformation vilabilities, and CAMPUS PROADER.	*Next Higher Officer's Approval Signature *Total Resident is listed in the signature authorization *CAMPUS PROGRAM For a campus program fund must be authorized authorized recognizing the designated Auxilian will be held accountable and responsible of fiduciary responsibilities. *OGRAM FUND: University President's Signature *Total DONATION OR SCHOLARSHIP FOR The Auxilian	ests will include a detailed explanation of the busing sistent with the University's educational mission an with donor intent. **Trson(s) listed above has/have the authority to appropriate Type Name Type Name Type Name **Type Name **Type Name **Type Name **Type Name **Type Name **TUND, ENDOWMENT, DONATION OR SCHOLA rized by the University President or his/her designed by the University President or his/her designed by the administration of these funds, to include the administration of these funds, to include the Type Name **Type Name** Type Name **Type Name** Type Name **Type Name** Type Name **Type Name** **Typ	Date Part of the withdrawal with sufficient and donor intent. University Development may Date Date Date Part of the withdrawal with sufficient and project. Date Part of the withdrawal with sufficient and project. Date Part of the withdrawal with sufficient and project. Date Date Part of the withdrawal with sufficient and project. Date Date Date Date Date Date Date
and account explanation occasionally By sig Approved: * Next High Vice Pres All requests for document of re Organization of Italian in the liabilities, and CAMPUS PRE Approved: ENDOWMEN	*Next Higher Officer's Approval Signature *The Officer's approval is not necessary if the sident is listed in the signature authorization *CAMPUS PROGRAM For a campus program fund must be authorized authorized for the signature of the designated Auxilian will be held accountable and responsible of fiduciary responsibilities. *OGRAM FUND: University President's Signature	ests will include a detailed explanation of the businesistent with the University's educational mission an with donor intent. **Trson(s) listed above has/have the authority to approximate Type Name Type Name Type Name **Type Name	Date The signature is only required if a fund is being requested (see below). ARSHIP REQUESTS The see. Once authorized, this form serves as the official determination of all legal obligations, fiscal
and account explanation occasionally By sig Approved: * Next High Vice Pres All requests for document of r. Organization of liabilities, and CAMPUS PROAPPROVED: ENDOWMEN Approved:	*Next Higher Officer's Approval Signature *The Officer's approval is not necessary if the sident is listed in the signature authorization *CAMPUS PROGRAM For a campus program fund must be authorized recognizing the designated Auxilian will be held accountable and responsible of fiduciary responsibilities. *OGRAM FUND: University President's Signature *T, DONATION OR SCHOLARSHIP FOR THE STATE OF THE ST	ests will include a detailed explanation of the busing sistent with the University's educational mission an with donor intent. **Trson(s) listed above has/have the authority to appropriate Type Name Type Name Type Name **Type Name **Type Name **Type Name **Type Name **Type Name **TUND, ENDOWMENT, DONATION OR SCHOLA rized by the University President or his/her designed by the University President or his/her designed by the administration of these funds, to include the administration of these funds, to include the Type Name **Type Name** Type Name **Type Name** Type Name **Type Name** Type Name **Type Name** **Typ	Date Date Pare dent's signature is only required if a fund is being requested (see below). ARSHIP REQUESTS Bee. Once authorized, this form serves as the official determination of ownership, the Auxiliary the assumption of all legal obligations, fiscal Date Date Date

page 2 of 2 Rev 03.19.24