

California State University, Sacramento
Request for Closure of Trust Fund

**Do not complete for Scholarship or Endowment requests
Use the "Close Scholarship Account" form**

The goal of the Request for Closure of Trust Fund form is to determine if an existing fund can be terminated based upon the proposed justification and to set in motion the process to inactivate the fund.

After completing the form (**2 pages**), Accounting Services will notify the requestor of the decision and the next steps (if applicable).

**Please submit the Request for Closure of Trust Fund form as follows:
Email (scanned copy with signatures) – Michael Gill, gillmr@csus.edu
Intercampus Mail - Accounting Services, Campus Zip 6080**

Requester: _____ **Department:** _____

Contact #: _____ **Email:** _____

Reviewed and Approved:

| | Name | Signature | Date |
|-----------------------------|------|-----------|------|
| Department Chair/Mgr: | | | |
| Dean/Director: | | | |
| Provost/ Vice President: | | | |

Proposed Closure Information:

| | |
|-----------------|--|
| CFS Fund: | |
| Fund Name: | |
| Effective Date: | |

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Justification for Closure of Fund (Type answers in box, text will automatically wrap)

1. Reason for Closure of Fund?

2. If there is a balance in the Fund, how do you want to dispose?

A. Transfer balance to another fund (if applicable)? List Fund and title

B. Spend down balance as specified in current Fund Guideline? Yes_____ or No_____

If "yes", when do you expect to spend the money?

If "no", then a ***temporary revision of purpose and use*** is needed in order to spend down balance. Please list the types of expenditures. **Note:** This will serve as an authorization to temporarily update the Fund Guidelines.

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To be completed by Administration and Business Affairs
Financial Services

Review/Approval Signatures

Reviewed: I have reviewed the proposed fund request.

Recommend Approval: _____ Yes _____ No
(See attached Fund Approval Checklist and CFS-DW Ledger Summary)

Director of Accounting Services or University Controller

Date

Approval:

_____ Approved _____ Denied

AVP for Financial Services

Date