Orange Coast College Trust Fund Agreement

Name

Department:		Trust Fund Name:
Trust Fund Owner/Contact:		Trust Fund Number:
Purpose of Fund:		
Source of Revenue: (if source is a new miscellaneous student fee, attach Request and Approval of District Fee.)		
Method of Collecting Revenue: (All allocations will be deposited at the Bursar's Office.)		
Type of Expenditures from Fund:		
Disposition of Funds upon Termination of Project:		
the purpose for which the project was established Good		 3. This agreement will be renewed every three years. 4. The project's annual budget for each subsequent fiscal year should be submitted by May of the current year.
		Reviewed By:
Signed: Trust Fund Owner	Date	Signed: Director, Fiscal Services Date
Signed:College Dean	Date	Approved By:
Signed: Division Vice President		Signed: Vice President, Administrative Services Date
Authorized Signatures		
Sianed:		Signed:

Date

Name



Date