Print Reset

California State University Chico
University Foundation

University Foundation Gift Account Project Authorization Form

Account Number: _____ ☐ NEW or ☐ UPDATE

Date: _____

All gift accounts must comply with the guidelines, policies and procedures set forth by the CSU and by the University Foundation, California State University, Chico. Completion of application in **FULL** is required.

ACCOUNT DETAILS:

Account Name: _____

College: _____ Department: _____

Project Director: _____ Campus Zip: _____

Date from: _____ to: _____ **End date is 5 years from start date. Accounts are reviewed prior to renewal.*

Purpose of Account: _____

SOURCES OF FUNDS: **select all that may apply*

☐ Gifts and Contributions ☐ Other: _____

☐ Fundraising Events

☐ Workshops/Conference Income: *(please explain)* _____

NATURE OF OPERATIONS: **select all that may apply*

☐ Student Support ☐ Support to provide operating funds for colleges, departments, centers, etc.

☐ Other: _____

NATURE OF ANTICIPATED EXPENDITURES: **select all that may apply*

☐ Advertising/Promotional	☐ Independent Contractors	☐ Printing	☐ Telephone
☐ Conference Fees	☐ Meeting Expenses	☐ Program Expenses	☐ Travel (in and out of state)
☐ Dues/Memberships	☐ Mileage	☐ Salaries	☐ Other:
☐ Equipment over $5,000	☐ Participant Costs	☐ Specialized Trainings	
☐ Equipment under $5,000	☐ Payroll	☐ Stipends	
☐ Hospitality	☐ Postage	☐ Supplies	

RISK MANAGEMENT:

If this account is used to fund any of the following activities you must contact Risk Management (530-898-6588) for each occurrence. Failure to follow Risk Management policies and procedures could result in account closure.

- Special events that may require a certificate of insurance (events involving increased liability or high risk)
- Special events where you anticipate serving alcoholic beverages
- Using hazardous materials
- Involvement in a hazardous activity
- Working with minors, disabled, or elderly

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DISPOSITION OF FUNDS AND ACCOUNT CLOSURE:

Upon Closure of account any balance shall be disposed of as follows:

☐ Transfer to existing University Foundation account: **Indicate account number to credit* _____

Account Closure: To close this account, send completed closure form to University Advancement at zip 0155.

TERMS AND CONDITIONS:

CSU, Chico University Foundation agrees to monitor and enforce the following terms and conditions:

- The account has an administrative fee set by University Advancement in the amount of 5% of monthly revenue.
- The account funds will not earn interest.
- Negative balances are not allowed. Accounts with negative balances may be closed and will become the liability/responsibility of the department associated with the project director.

Project Director's Responsibilities include:

- Ensuring all funds expended on this account will be for the purposes described herein.
- Signature authority on this agreement.
- Ensuring expenditures will be made by his/her designated signatories.
- Reviewing and monitoring this account and reporting any discrepancies upon discovery.
- Updating the signature authority each time the designee changes.

Approving Signatures: By signing, you acknowledge that accounts with negative balances may be closed and will become the liability/responsibility of the department associated with the project director.

Project Director: _____ Date: _____

College Dean or Vice President: _____ Date: _____

Assistant VP For Advancement Services: _____ Date: _____

Vice President for Business and Finance _____ Date: _____

Directions:

Please return completed UF Gift Account Authorization and Project Signature Authorization forms to University Advancement at **zip 0155**.

– For Foundation Use Only –

Account Number Issued: _____

☐ 11 – Current Restricted (16000/06000)

Division Code:

Function: _____

Officer: ☐ 1 ☐ 3 ☐ 5 ☐ 7 ☐ 9

☐ 01 Instruction
☐ 02 Research
☐ 03 Public Service
☐ 04 Academic Support
☐ 05 Student Services
☐ 06 Institutional Support
☐ 07 Oper. and Maintenance
☐ 08 Scholarship (17xxx)
☐ 09 Enterprise Auxiliary
☐ 99 Exclude – Net with Revenue

Chico State Enterprises

California State University Chico University Foundation

Campus and UF Project Signature Authorization Form

Not to be used for Sponsored Programs (SP) Projects

Project Number*:* _____ Effective Date*:* _____

Project Title: _____

The purpose of this document is to secure signatures for verification by Chico State Enterprises of those individuals authorized to approve expenses incurred in the completion of this project.

You may designate signature authority to another individual(s). Please print his or her name in space provided below, have each person sign on the signature line provided, and check the appropriate boxes below their name indicating the types of expenses for which you are authorizing authority (i.e. timesheets--not their own, PAFs--hiring and termination of employees, check or cash requests, purchase orders, or CAF--campus charge centers, i.e., print shop or motor pool). If you wish this person to receive project notifications via email in addition to yourself, please check the appropriate box and include an email address for the designee.

Please note requests for reimbursement may not be approved by self or subordinates and require one-up approval for PI.*

If any of the information below changes, a new form must be submitted.

Project Director: _____ Signature: _____
Please print name
Email Address: _____

*One-up for
Project Director: _____ Signature: _____
Please print name

Project Director: _____ Signature: _____
Please print name
Email Address: _____

*One-up for
Project Director: _____ Signature: _____
Please print name

Designee: _____ Signature: _____
Please print name
☐ Receives project notification (email) Email Address: _____
☐ Authorized to sign on (check all that applies):
☐ Timesheets (not their own) ☐ PAFs (hire/terminate) ☐ Check/Cash Request ☐POs ☐CAF's

Designee: _____ Signature: _____
Please print name
☐ Receives project notification (email) Email Address: _____
☐ Authorized to sign on (check all that applies):
☐ Timesheets (not their own) ☐ PAFs (hire/terminate) ☐ Check/Cash Request ☐POs ☐CAF's

Designee: _____ Signature: _____
Please print name
☐ Receives project notification (email) Email Address: _____
☐ Authorized to sign on (check all that applies):
☐ Timesheets (not their own) ☐ PAFs (hire/terminate) ☐ Check/Cash Request ☐POs ☐CAF's