

**North Carolina State University
Trust Fund Request
NCSU FORM BA-108 (7/06)**

College/Department/Unit:	OUC:
Suggested Title of Requested Trust Fund:	How long will this fund be needed? <div style="text-align: right;">▼</div>

Type of Trust Fund Requested: (Select From the Drop-Down Box)

▼

If Requesting a Ledger 7 Trust Fund - you must attach a copy of the related agreement/devise/bequest.
 If Requesting an Upper Level Ledger 3 Trust Fund - please complete a FORM BA-109 if noted in the Type of Fund Requested.
 If Requesting an Upper Level Ledger 3 Trust Fund for Analytical Testing Agreements or Other Contract Services for External Customers - you must attach a copy of the related ATA or sales/service contract.
 If Requesting a Clearing/Processing Account Trust Fund - you must provide a narrative of the processing requirements, identify the accounts that will be used by this fund, and explain the account reconciliation procedures. This can be provided in the boxe

Describe What the Trust Fund Will Be Used For and the Source of Funds Supporting the Trust Fund:

Describe Any Specific Restrictions, Terms, or Conditions Established By Contract/Agreements Related to This Trust Fund:

Describe the Type of Expenses That Will Be Paid From This Trust Fund:

Trust Funds may not carry "Deficit Cash Balances". Describe the cash working capital to be utilized to start this account and/or cover receivables and the management controls that will be utilized to ensure the trust fund always maintains a positive cash

Persons Responsible for the Trust Fund

List the Person Responsible for the Trust Fund on First Row and All Other Persons Authorized to Accept Receipts and Initiate Disbursements From the Account on the Following Rows:

Name of Person :	Title:	E-MAIL:	Campus Phone:	Campus Box:

SIGNATURES:

If this is to be sent via e-mail, please type in the signature information below and forward the e-mail correspondence from the requestor and the approver (including their e-mail addresses) to the University Controller's Office with this Form.

Requested By:(Person Primarily Responsible)	Title:	Date:
Approved By:	Title:	Date:

By signature of the person primarily responsible for this Trust Fund (the requestor), the requestor certifies that the Trust Fund will always carry a positive cash balance. In the event that the Trust Fund incurs a deficit cash balance without approval f