

# New Account Request

**Requested By:**

**Account Type:** Permanently Restricted: Endowment

Temporarily Restricted: Scholarship Trust Grant

**Campus:** **SJCC** **EVC** **District -Wide**

**Account Title:**

(i.e.: Music Dept. Trust or John Doe Memorial Scholarship)

**Purpose:**

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**Sources of Revenue:**

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**Types of Expenditures:**

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*The individuals listed below will be the authorized signers on the Foundation account. TWO signatures required.*

**Authorized Representative**

Club/Trust/Fund	Name	Title	Signature	Date

**Authorized Representative**

Club/Trust/Fund	Name	Title	Signature	Date

**VP Administrative Services**

Name	Signature	Date

*Return completed form and any supporting documentation to Foundation Business Office*

Make checks payable to: SJECED Foundation  
40 S. Market Street, 5th Floor  
San Jose, CA 95113

All expenditures will require 2 signatures. Accounts must maintain an average monthly balance greater than \$100.

A 3.5% administrative fee will be charged to all trust accounts based on the accounts' June 30 balance, annually.  
Scholarship accounts are charged a 1.5% administrative fee annually.

Any account that remains dormant for 3 years will be consolidated into the Foundation's general account for foundation support of college activities.

OFFICE USE ONLY			
<b>Foundation approval:</b>			
Foundation Business Office	Signature	Date	
Rosalie Ledesma	Signature	Date	
Interim Executive Director, Foundation	Signature	Date	
<b>Account Name:</b>	_____		
<b>Account Number:</b>	_____	_____	_____
	Fund	Revenue	Expense