



Los Angeles Mission College—Business Office
Departmental Trust Charter Registration Form

Effective Date:
Fiscal Year:

Name of Dept Trust:

Purpose of the trust:

Sources Of Fund (describe):

Restriction of Funds:

Names & Titles for the trust officers who are authorized to request withdrawal of funds: *

1. Print Name:

1. Email:

Title: Department Chair

2. Print Name:

2. Email:

Title:

The following Trust Advisor is to approve a Check Request requested by two Trust Officers mentioned above and has no authority to request withdrawal of funds.

1. Print Name:

1. Email:

Title: Trust Faculty Advisor

APPROVALS:

Trust Advisor

Date

College Financial Administrator

Date

College President (or designee)

Date

*For Departmental Trust accounts, one of the persons authorized to request a withdrawal of the fund must be department Chair.