

**GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT
TRUST FUND AUTHORIZATION**

Date _____

Name of Fund _____

Date Established _____

Purpose of Fund _____

Source of Income _____

Authorized Signatures on Check Requests

Name

Title

Name

Title

Name

Title

Distribution of funds upon two year's inactivity or upon dissolution of Fund

Remarks _____

Approved by

Site Business Office

President/Vice President

Vice Chancellor Business