



FOUNDATION

Development and Foundation Office
1 Barnard Drive, m/s #7
Oceanside, California 92056
Dee Jaykus
760-795-6645
FUND DESCRIPTION

Date:

Account Name:

Restrictions/Criteria:

Source(s) of account funding and fundraising activities planned: Unrestricted Gifts/Revenue – Payroll giving.

Name/Address of Donor(s)/Organization(s) to be recognized:
NA

Account Manager* Name and Title:
**Person authorized to expend/transfer funds*

Signature: **Current Dept. Chair**

Please complete and submit to Foundation Office m/s 7. Thank you.

To be completed by the Foundation office:

- Account Type:
- Grant – no fees (Use 209__)
 - Grant with Administrative cost Recover fees
 - Scholarship Endowment
 - Other Endowments
 - Various Expendable
 - Scholarship Expendable
 - Unrestricted
 - Augmentation to Endowment Distribution
Supplement Endowed Scholarship Distribution

Approved By:

Date:

Cynthia Rice
Associate Vice President, Institutional Advancement

To be completed by Accounting Dept:

Project #:
Item Type #:
Designation: