

California State University, Sacramento  
**Request for Closure of Fund**

**Do not complete for Scholarship or Endowment requests  
Use the "Close Scholarship Account" form**

The goal of the Request for Closure of Fund form is to determine if an existing fund can be terminated based upon the proposed justification and to set in motion the process to inactivate the fund.

After completing the form (**2 pages**), Accounting Services will notify the requestor of the decision and the next steps (if applicable).

**Please submit the Request for Closure of Trust Fund form as follows:**  
**Email** (scanned copy with signatures) – **accts-01@skymail.csus.edu**  
**Intercampus Mail - Accounting Services, Campus Zip 6080**

**Requester:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Contact #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Reviewed and Approved:**

	Name	Signature	Date
Department Chair/Mgr:			
Dean/Director:			
Provost/ Vice President:			

**Proposed Closure Information:**

CFS Fund:	
Fund Name:	
Effective Date:	

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**Justification for Closure of Fund** (Type answers in box, text will automatically wrap)

1. Reason for Closure of Fund?

2. If there is a balance in the Fund, how do you want to dispose? (ex. Transfer money to another fund; spend down balance; etc)

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**To be completed by Administration and Business Affairs  
Financial Services**

**Review/Approval Signatures**

**Reviewed:** I have reviewed the proposed fund request.

Recommend Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No  
(See attached Fund Approval Checklist and CFS-DW Ledger Summary)

\_\_\_\_\_  
Director of Accounting Services or University Controller

\_\_\_\_\_  
Date

**Approval:**

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

\_\_\_\_\_  
AVP for Financial Services

\_\_\_\_\_  
Date