



**CPC CAMPUS PROGRAMS  
ACCOUNT AGREEMENT**  
Complete and submit to request a new  
CPC Campus Programs Account

Auxiliary organizations are established to provide essential functions which are an integral part of the educational mission of the campus and California State University. This agreement is used to authorize the establishment of a project for programs and activities and other non-grant/contract funds. Signing this agreement also establishes the rights and responsibilities of the project account holder, the Cal Poly Corporation and the University.

In signing this agreement, all parties acknowledge that it is the policy of the California State University that accountability and responsibility for campus activities and programs be clearly established, and that related receipts are appropriately placed and controlled in the University or auxiliary organization accounts in accordance with Integrated CSU Administrative Manual (ICSUAM) Section 13680.00 and Executive Order (E.O.) No. 1059. The Corporation must have ownership over all programs or activities it administers. All Projects must comply with the guidelines, policies and procedures of the Corporation, which can be found on the Corporation website.

(For CPC USE ONLY) Org Key

**ACCOUNT DETAILS**

**Account Name:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Department Name:** \_\_\_\_\_

**Account Director Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Account Purpose:** \_\_\_\_\_

**Account Period From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **(Maximum 5 Years)**

FUNDING SOURCES	ACCOUNT EXPENSES	OTHER
Check all that apply: <input type="checkbox"/> Sale of Goods/Merchandise <input type="checkbox"/> Gifts/Donations Specify Restrictions _____ _____ <input type="checkbox"/> Indirect Cost Recovery (IDC) <input type="checkbox"/> Income from Activities Specify _____ <input type="checkbox"/> Other Specify _____ _____	Are ALL CPC expenses allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>No</b> , what expenses are not allowed? <input type="checkbox"/> Salaries: Faculty/Staff <input type="checkbox"/> Salaries: Student <input type="checkbox"/> Hospitality <input type="checkbox"/> Travel <input type="checkbox"/> Supplies <input type="checkbox"/> Equipment <input type="checkbox"/> Other Specify _____	In the event of a deficit in this account, list a CPC Account or CPF/UCP Fund to transfer funds to cover the deficit: _____ \$ _____ Amount of initial deposit to establish account (minimum \$1,000 with the exception of IDC)

**NEW ACCOUNT REVIEW AND APPROVAL** - *(Dean/Department Chair or Vice Presidents are also Authorized Signers on the Account). By signing this agreement, I hereby understand no interest is allocated to funds deposited. If a special activity account, I understand that this account will be charged 5% fiscal fee on expenditures each month. I hereby authorize and assign ownership of the Campus Program and/or Activity described herein to the Corporation and agree to adhere to all Corporation policies and procedures as well as all terms and conditions of this agreement. Account with no Activity over a 2 year period are subject to closure.*

Account Director Signature	Date	Corporation Management Signature
Dean/Assoc Dean/VP Signature	Date	Corporation Executive Director Signature
Senior VP Administration & Finance Signature	Date	