TACOMA SCHOOL DISTRICT NO. 10

TRUST INFORMATION

TRUST NAME

DATE TRUST ESTABLISHED

TRUST ADMINISTRATORS

Print Name	*Signature*	*Location*
Print Name	*Signature*	*Location*
Print Name	*Signature*	*Location*

☐ One (1) signature is required for the disbursement of funds.

☐ Two (2) signatures are required for the disbursement of funds. **(Recommended)**

PURPOSE OF TRUST *(please attach donor's agreement/letter, if applicable)*

OTHER PERTINENT INFORMATION

Are there any reporting requirements to the donors? ☐ YES ☐ NO

If yes, please describe

Division Head Signature

Date

RESET FORM

For Finance Department Use Only

BOARD APPROVAL _____ *Date*

TRUST NUMBER _____