



Los Angeles Mission College—Business Office  
Trust Fund/FAO Annual Signatory Registration Form

Effective Date:

Fiscal Year:

Name of Fund: (Trust name, College Trust, scholarship name or function name:

Purpose of Fund:

Restriction of Funds:

**Names & Titles for Trust officers, and sample signatures of individuals who are authorized to request withdrawal of funds:**

1. Print Name:	1. Sample Signature:
Title:	Email :

2. Print Name:	2. Sample Signature:
Title:	Email :

3. Print Name:	3. Sample Signature:
Title:	Email :

4. Print Name:	4. Sample Signature:
Title:	Email :

**APPROVALS:**

\_\_\_\_\_  
Financial Aid Manager ( for FAO scholarship Fund)

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Financial Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
College President (or designee)

\_\_\_\_\_  
Date