

**TRUSTEE ACCOUNT
REQUEST FOR ACCOUNT ACTIVITY**

CO-1052 REV 7/2015

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER

SUBMIT TO: ADMINISTRATIVE SERVICES DIVISION, 55 ELM STREET, HARTFORD, CONNECTICUT 06106-1775

AGENCY ACRONYM	AGENCY NAME AND ADDRESS	DATE
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REQUESTOR'S NAME	TITLE	TELEPHONE NUMBER
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APPROVAL OF PARENT AGENCY (if applicable)

AUTHORIZED SIGNATURE	PRINTED NAME	TITLE
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ADDRESS	TELEPHONE NUMBER	DATE
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CHECK THE FUNCTION THAT PERTAINS TO YOUR REQUEST AND COMPLETE THE SECTION AS INDICATED

APPROVAL IS REQUIRED TO ESTABLISH A NEW TRUSTEE ACCOUNT FOR THE FOLLOWING PURPOSE:
(Please provide fund name and description of activity)

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) _____

NOTIFICATION OF CLOSURE OF ANY ESTABLISHED TRUSTEE ACCOUNT FOR THE FOLLOWING REASON(S):
(Please provide fund name and date originally established)

APPROVAL IS REQUIRED TO TRANSFER MONIES FROM THE TRUSTEE ACCOUNT OR RESTRICTED ACCOUNT
TO THE _____ FUND, FOR THE FOLLOWING PURPOSE:
(Please provide description of activity)

AMOUNT OF TRANSFER _____

APPROVAL IS REQUESTED TO EXPEND _____ FROM THE _____ TRUSTEE ACCOUNT

a. FOR A SINGLE EXPENDITURE

b. FOR A COMBINATION OF EXPENDITURES WITHIN A TWELVE (12) MONTH PERIOD
(Description of item)

THE CURRENT BALANCE IN THIS ACCOUNT IS _____

COMPTROLLER'S USE ONLY