

**TRUSTEE ACCOUNT  
REQUEST FOR ACCOUNT ACTIVITY**

STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER

CO-1052 Rev. 12/2019

SUBMIT TO: ACCOUNTS PAYABLE DIVISION, 165 CAPITOL AVENUE, HARTFORD, CONNECTICUT 06106

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**