

## Student Organization Agency Fund Form

**Agency Fund Form** (Check One)  **New Account**  **Existing Account**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

\_\_\_\_\_

Normal Use of funds: \_\_\_\_\_

Organization President: \_\_\_\_\_

Signature: \_\_\_\_\_

Organization Treasurer: \_\_\_\_\_

Signature: \_\_\_\_\_

Organization Advisor: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Disposition of Funds on case of Organization Becomes Defunct: \_\_\_\_\_

\_\_\_\_\_

### Approvals

*Note: Dean of Student Affairs, college President and Vice Chancellor signatures required for new accounts only.*

\_\_\_\_\_  
Director, office of Student Life or designee (Budget manager)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of Student Affairs

\_\_\_\_\_  
Date

\_\_\_\_\_  
College President or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice Chancellor for Fiscal Affairs

\_\_\_\_\_  
Date

**Account Number:** \_\_\_\_\_