

OTHER TRUST/STUDENT ORGANIZATION ACCOUNTS

DATE: _____

ACCOUNT NUMBER _____

TITLE _____

As recognized in the definition of Other Trust/Student Organization Accounts, I certify that the account requested is for a specific purpose and specific time period. I agree that accounts left inactive for a period of two years or past the requested time period may be liquidated.

1. List below the specific purpose and time period of the account requested –

2. List below the specific source(s) of income for the account –

3. List below the specific expenditures approved for this account –

4. The person(s) authorized to sign requisitions and withdrawals for this account are listed below. This authority may be revoked or rescinded upon written request of the Department Chairman, Vice President or incorrect or illegal use of the approved account.

Advisor Name

Title

Advisor Name

Title

Approved by:

Vice President of Student Development

Controller