

# Agency Account Request Form

Please complete this form and submit to the Office of Student Activities

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

Student Leaders Name: \_\_\_\_\_

Advisors Name: \_\_\_\_\_

University Dept. \_\_\_\_\_

Function of Organization: \_\_\_\_\_

Estimated number of transactions per month: \_\_\_\_\_

How do you anticipate accessing your funds:

Check Request

Purchase Order

Reimbursement

As the advisor, I can attest that the organization has been notified that by choosing to set up an agency account it will be required to use the university procedures already in place to access the funds: check requests, deposits, expense transfers, purchasing cards, etc. We understand that the advisor will sign all forms that are submitted and that all transactions will be signed off by an approved Budget Manager according to the University's Purchasing Authority Matrix.

## Organization's Advisor

Signature

Date

\_\_\_\_\_

## Student Activities Representative

Signature

Date

\_\_\_\_\_