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 ___________________________