

Student Organization

Agency Account Request

Agency Account Title:

TREASURER Printed Name

Signature / Date

Phone #

Email

I understand that, as advisor to the above referenced student organization, I am responsible for providing education, advice and direction to the student group. I also understand that I am responsible for ensuring the student organization adheres to funds handling and deposit procedures (outlined in Student Organization Agency Account Procedures) and that funds are appropriately expended.

I agree to notify the SGA Fiscal Technician immediately in the event a change in advisor, organization officers or individuals authorized to approve disbursements occurs.

ADVISOR Printed Name

Signature / Date

Department / Phone #

Email

**Please complete and return to SGA Fiscal Technician.**

**For SGA Fiscal Technician Use Only**

**Approved:** **Agency Fund #: 82**

**Denied**: