



ASSOCIATED STUDENTS, INC

2012-2013 STUDENT CLUB/ORGANIZATION
ACCOUNT AGREEMENT/SIGNATURE AUTHORIZATION

ACCOUNT INFORMATION

Club/Organization Name: _____ Date: _____ ASI Club Both
 Account No.: _____ New Account Change Signatures Change Name

AGREEMENT

This Account Agreement must be on file with the Associated Students to authorize expenditures from the funded student organization or program listed above. Please report any changes in officers and/or advisors to Associated Students and submit a new Account Agreement. The authorized signatures will remain in effect until otherwise updated/changed.

This account will be subject to an annual independent audit and will be administered by personnel of the California State University, Fresno Association, Inc. Funds in this account will not earn interest. Any interest earned shall accrue to the Associated Students as consideration under this agreement.

This Account Agreement must be on file with the Associated Students to authorize expenditures from the funded student organization or program listed above. Please report any changes in officers and/or advisors to Associated Students and submit a new Account Agreement. The authorized signatures will remain in effect until otherwise updated/changed.

DATE RECEIVED
ASI OFFICE

Scanned Image _____

Forward to SALD _____

DATE RECEIVED
Student Activities & Leadership Development

Forward to Auxiliary _____

DATE RECEIVED
AUXILIARY OFFICE

AUTHORIZED SIGNATURES

The following individuals will be authorized to sign expense requests until otherwise indicated:

PRESIDENT: (print): _____ **(signature):** _____

Phone Number (required): _____ E-mail: _____

VICE PRESIDENT: (print): _____ **(signature):** _____

Phone Number (required): _____ E-mail: _____

TREASURER: (print): _____ **(signature):** _____

Phone Number (required): _____ E-mail: _____

ADVISOR: (print): _____ **(signature):** _____

Phone Number (required): _____ E-mail: _____

OTHER: (print): _____ **(signature):** _____

Phone Number (required): _____ E-mail: _____

SIGNATURES & APPROVALS

RECEIVED BY:

ASI Business Office: _____ Date: _____
Please Print

UNIVERSITY AUTHORIZATION: (Student Activities & Leadership Development) Signature: _____ Date: _____

AUXILIARY ACCOUNTING Accountant Signature: _____ Date Processed: _____

Account No: _____ Comments: _____