



ASSOCIATED STUDENTS, INC

rGRANT RECIPIENT'S

rGRANT SIGNATURE AUTHORIZATION

ACCOUNT INFORMATION

Student Recipient: _____ Date: _____

Project Title: _____

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.

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Any and all liabilities, suits, claims, costs, expenses, suits, taxes and/or penalties (collectively "Liabilities") arising out of or in any way related to the activities or operations of the above-named Club/Organization shall in all cases be and remain the sole responsibility of said Club/Organization. Further, said Club/Organization agrees to fully and promptly indemnify, defend and hold harmless ASI, the State of California, Trustees of the California University, California State University, Fresno, and all of said entities' employees, agents, representatives, directors and officers from and against all Liabilities. The above-named Club/Organization agrees that it shall not under any circumstances: (i) disseminate or communicate to others ASI's employer identification number, or (ii) represent to others that ASI's employer identification number may be used by said Club/Organization in the conduct of any of the activities or operations of said Club/Organization.

DATE RECEIVED
ASI OFFICE

DATE RECEIVED
AUXILIARY OFFICE

ATHORIZED SIGNATURES

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

STUDENT RECIPIENT: (print): _____ **(signature):** _____

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

AVISOR: (print): _____ **(signature):** _____

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

ACADEMIC CHAIR: (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

AUXILIARY ACCOUNTING Academic Chair Signature: _____ Date: _____

ASI Vice President of Finance: _____ ASI Executive Officer: _____

Account No: _____ Comments: _____