



ASSOCIATED STUDENTS, INC.

2011-2012 rGRANT RECIPIENTS

rGrant AGREEMENT/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 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.

AUTHORIZED SIGNATURES

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

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

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

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

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

ACADEMIC CHAIR: (print): _____ **(signature):** _____

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

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

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

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

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

DATE RECEIVED
ASI OFFICE

Scanned Image _____

Forward to SALD _____

DATE RECEIVED
Student Activities &
Leadership Development

Forward to Auxiliary _____

DATE RECEIVED
AUXILIARY OFFICE

SIGNATURES & APPROVALS

RECEIVED BY:

ASI Business Office: _____ Date: _____
Please Print

ASI AUTHORIZATION: Academic Chair Signature: _____ Date: _____

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

AUXILIARY ACCOUNTING Accountant Signature: _____ Date Processed: _____