

ORGANIZATIONAL ACCOUNT ESTABLISHMENT REQUEST FORM

Request:

Organization Name: _____

Organization Purpose: _____

General Description of Use:

Is there a sponsoring parent organization or College/Department? ___Yes ___No

If so, please identify _____

How will this account be used? What will be the source of revenue? What types of expenditures will be incurred?

Other Comments regarding this account:

Form Completed by: _____

Advisor's Signature Approval: _____

Student Activities Office Approval: _____

**Please return completed and approved form to
Controller's Office, Swords Hall
Attention: Michele Wilson, Room 103F**

To be completed by Controller's Office

To Deposit Funds use Account Number _____

To Pay for Supplies use Account Number _____

Approved by _____