

Russellville Agency Account Approval Form

FUND CODE (begins with 8) _____ YEAR _____

TERM: (Check all that apply): Summer II Fall Spring Summer I

Name of Organization: _____

Name(s) of authorized person(s) to request checks:

- | | | | |
|----|--------------------|-----------|----------|
| 1) | _____ | _____ | _____ |
| | Print Name-Student | Signature | T Number |
| 2) | _____ | _____ | _____ |
| | Print Name-Student | Signature | T Number |
| 3) | _____ | _____ | _____ |
| | Print Name-Student | Signature | T Number |



Advisor: _____

Print Name
Signature

Advisor Telephone Number: (____) _____ - _____ T # _____

E-Mail Address: _____
Campus Building & Room # _____

Immediate Supervisor of Advisor _____

Print Name
Signature



For Office of Student Services Use Only

I, _____, certify that the above name(s) are authorized to request funds for the named organization during the term indicated.

Approval Designated by V/P of Student Services: _____

Date: _____