

Ozark 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

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For Chief Student Officer Use Only

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

Approved by Chief Student Officer: _____

Date: _____