

Russellville Agency Account Approval Form

ACCOUNT # _____ 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
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- 2) _____

Print Name-Student	Signature	T Number
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- 3) _____

Print Name-Student	Signature	T Number
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Advisor: _____

Print Name	Signature
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Advisor Telephone Number: (_____) _____ - _____ T # _____

E-Mail Address: _____
Campus Building & Room #

Immediate Supervisor of Advisor _____

Print Name	Signature
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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: _____