

AS | ASSOCIATED
STUDENTS
AGENCY FUND APPLICATION
ASSOCIATED STUDENTS

Please Check ONE:

Create New Fund

Update an Existing Fund

Date: _____

Fund #: _____ (If known) Department # (if known) _____

Phone: _____

FUND TITLE: _____

Advisor Mail Drop: _____

DEPARTMENT: _____

Prepared By: _____

BRIEF DESCRIPTION OF THE PURPOSE OF THE FUND:

SOURCE(S) OF REVENUE:

EXPENDITURE CATEGORIES:

Monthly statements should go to: _____

Name

CSUN E-mail address to be sent to

DURATION: This fund is expected to remain active until: _____

"I understand and agree that if my agency account becomes inactive for a period of 24 months, and no contact is made by the account holders, any balance in the account will revert to Associated Students to be used as deemed appropriate by the A.S. Senate."

Please indicate who to contact for the disposition of unclaimed funds: _____

CONTACT PERSONS MAILING ADDRESS: _____

"I certify that I am a duly elected officer of the above named organization or an authorized participant of the above named project, and that the above information is true and complete to the best of my knowledge."

Student Officer Name and Title (Print)

Student Officer Signature

Student Officer Name and Title (Print)

Student Officer Signature

Account Advisor: _____

Advisor Name (Print)

Advisor Signature

APPROVALS:

University Controller Approval: _____

Date: _____

Executive Director Approval: _____

Date: _____