

AUTHORIZED SIGNATURE FORM

FOR: AS BUDGET Allocations

****Please complete all forms in blue or black ink****

Department or Organization Name: _____

Department or Organization Number (If known): 4 _ _ _ _

This is to certify that the persons named below have received, and agreed to comply with Associated Students Budget Language and other policies, and have been authorized to sign disbursements and requisitions from this program budget.

Print Name (Advisor)

Signature (Advisor)

Tel No.

Date

Campus Email Address: _____

ONLY this advisor signature will be recognized on expenditure requests or requisitions from the program budget.

1)

Print Name (Student)

Signature (Student)

Tel. No.

Date

Campus Email Address: _____

2)

Print Name (Student)

Signature (Student)

Tel. No.

Date

Campus Email Address: _____

Please send monthly program activity statements to: _____
Print Name

(Campus e-mail address to be sent to)

****** PLEASE RETURN TO AS ACCOUNTING SERVICES IN USU SW100******
Check out our website at www.csunas.org or contact us at (818) 677 – 2389.