Account Number_____

AUTHORIZED SIGNATURES OF ASG STUDENT TRUST FUND REQUISITIONS

Name of Club_____

Authorized Signatures:

_____

Advisor (print name) (signature)

Advisor's email_____

_____

Advisor (print name) (signature)

_____

Advisor (print name) (signature)

_____

Club President (print name) (signature)

President's email_____

_____

Club Vice President (print name) (signature)

Vice President's email_____

_____

Club Secretary (print name) (signature)

_____

Club Treasurer (print name) (signature)

Date_____

This form must be submitted whenever there is a change in officers. One advisor's signature and one officer's signature is required on all requisitions.

Return when completed to the Office of Student Affairs

5/2008