

UAF Recognized Student Organizations Account Signers Form Fall 2011-Spring 2012

STUDENT ORG NAME: _____

ACCOUNT NUMBER: _____

Please designate at least two (2) individuals to approve expenses for this account. One signer **MUST** be the student organization's UAF Staff/Faculty Advisor.

Name	Title	Email/Phone	Signature
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Name	Title	Email/Phone	Signature
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Name	Title	Email/Phone	Signature
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Name	Title	Email/Phone	Signature
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UAF STAFF/ADVISOR

Name (UAF STAFF/FACULTY ADVISOR)	Title	Email/Phone	Signature
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Please return to Fiscal Tech at the administration office in the Wood Center.

Name (LIVE Program Staff)	Title	Signature
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For information or questions about your University Account or other account policies, please refer to the student Organization Account Policies or contact the LIVE Program Fiscal Technician at 474-5755. Thank you.