



# REQUEST TO ESTABLISH STUDENT CLUB ACCOUNT

Date: \_\_\_\_\_

Account No. \_\_\_\_\_

Club Name: \_\_\_\_\_

To Be Assigned by Fiscal Services

Responsible Advisor(s) \_\_\_\_\_

Ext. No. \_\_\_\_\_

Ext. No. \_\_\_\_\_

Purpose of Club Account: \_\_\_\_\_

**Important Note:** Per BP 5400 and the A.S. Financial Directive Section VI (B) any club that is inactive for four major terms (meaning forms are not filed with Student Life Office) shall have its balance transferred to the A.S. General Fund.

**Type(s) of Expenditures:**

Check all that apply.

- Food
- Employee Travel
- Student Travel
- Entry Fees
- Officials
- Scholarships
- Other (please specify)

**Student Club Expense - Account Number: 491000**

Explain in Detail (Please provide as much information as possible)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Source(s) of Revenue:**

Check all that apply.

- Fundraisers
- Donations
- Special Events
- Sales \* (see below)
- Dues
- Other (please specify)

**Student Club Revenue - Account Number: 889910**

Explain in Detail (Please provide as much information as possible)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Is Sales Tax Collected? Yes \_\_\_\_\_ No \_\_\_\_\_

**Authorized to Sign:**

Print/Type Name	Signature	Title

**APPROVALS:**

\_\_\_\_\_  
DIRECTOR, STUDENT LIFE Date

\_\_\_\_\_  
ASSOCIATE VICE PRESIDENT, FISCAL SERVICES Date

**Note:** It is the Clubs responsibility to obtain signatures and return to Fiscal Services.

ICC Advisor	
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