



Authorized Signatures for A.S. Club/Organization Account – Fall 2017

Office of Student Activities
Student Center, Room 214 ■ 321 E. Chapman Avenue ■ Fullerton, CA 92832-2095
Office: (714) 992-7095 ■ Email: activities@fullcoll.edu

Fall: _____
Year

Date: _____

1. Name of Club/Organization: _____

2. Funds are to be used for: _____

3. Individual Officer(s) responsible for account:

a. Treasurer: _____

b. President: _____

c. Advisor(s): _____

d. Other: _____

4. Responsible officer(s) who will deposit funds:

a. Name: _____ Title: _____

b. Name: _____ Title: _____

5. Authorized approval signature(s) on purchase requisition:

(1) Treasurer Signature: _____ Print Name: _____

(2) President Signature: _____ Print Name: _____

(3) Advisor* Signature: _____ Print Name: _____

(4) Advisor* Signature: _____ Print Name: _____

**Please have all club/organization advisors sign this form.*

Please submit to: Office of Student Activities, College Center, Room 214 (Student Center)

DUE DATES:

Fall 2017: Friday, September 8th