SOUTHERN ARKANSAS UNIVERSITY
AGENCY TRUST FUND APPLICATION / UPDATE

DATE: _____

ACCOUNT NUMBER: _____

ORGANIZATION/ACTIVITY NAME: _____

ORGANIZATION/ACTIVITY PURPOSE: _____

ORGANIZATION/ACTIVITY
STILL ACTIVE: YES NO NEW ACCOUNT
(please circle one)

FACULTY/STAFF ADVISOR(S)
(if applicable):

_____ (Print/Type Name) _____ (Signature)

_____ (Print/Type Name) _____ (Signature)

_____ (Print/Type Name) _____ (Signature)

EXPENDITURES TO BE
APPROVED BY:

_____ (Print/Type Name) _____ (Signature)

_____ (Print/Type Name) _____ (Signature)

_____ (Print/Type Name) _____ (Signature)

FORM COMPLETED BY:

_____ (Print/Type Name) _____ (Signature)

In the event the organization's expenses exceed their receipts, I (we) personally assume the responsibility for payment of any deficit accrued.

RESPONSIBLE OFFICIAL:
SAU Slot #:_____

_____ (Print/Type Name) _____ (Signature)

APPROVAL (President / Vice President (requesting area)):

_____ (Signature)

APPROVAL (Vice-President for Finance):

_____ (Signature)

NOTE: Please return to Office of Accounting (Slot #18)

ACCOUNT # _____
TRCODE _____