Washburn University and Washburn Institute of Technology Application for Agency Account - Student Organization

Form xx-SO (Revised Feb 2019)

		Organ	ization Inform	ation		
Organization Name:						
Purpose of the Organization:						
Responsible Department:						
Faculty/Staff Advisor:						
Today's Date:						
	Pa	rt I - Ager	ncy Account Ir	nformation		
Account Title:						
Does the advisor have a Banner	user ID? Yes	If "Yes"	', Banner user ID:		○ No	
Has the organization had an age	ency account before?	Yes	If "Yes", when:		No	
Type of Organization:	•		•			•
Source(s) of Income:						
Source(s) or income.						
Part II - Officer/Advisor Information (print all but signatures)						
Acknowledgements and Authorizations:						
By our signatures below, as officers and advisor of this organization, we acknowledge that we are responsible for any financial obligations incurred by this organization and for any overdraft in this University agency account. We also acknowledge that we have received a copy of the University policy and rules governing agency accounts, and that we understand said policy and rules. The organization authorizes the University to forfeit any abandoned money to the University general fund. Money will be deemed abandoned if no accounting transactions are made for a period of 18 months or more, and no authorized organization officer or advisor notifies the University's Accounting Department in						
writing at Morgan Hall, Room 211, of the organization's desire to maintain the account.						
Officer's Title:						
Name:						
WIN Number:						
Local Telephone & E-mail:						
Signature and date:						
Officer's Title:						
Name:						
WIN Number:						
Local Telephone & E-mail:						
Signature and date:						
Officer's Title:						
Name:						
WIN Number:						
Local Telephone & E-mail:						
2004. Totophono & E-mail.						
Signature and date:						
Advisor Name:						
Local Telephone & E-mail:						
2004. Totophone & E-mail.						
Signature and date:						
Part III - Approvals						
Student Involvement & Developr	nent Date	_	<u> </u>	Controller / Director of Accou	unting [Date
Send completed form to: Finance Office ◆ Morgan Hall, Room 211						