

NO OTHER SIGNATURE WILL BE RECOGNIZED ON REQUISITIONS

This is to certify that either of the persons whose signatures appear below has been authorized to sign requisitions on funds of this organization. This also authorizes the Associated Students General Services Center to deduct funds from the account due Associated Students General Services Center and all campus obligations including charges that the University may have assigned.

DATE

PRINT NAME

SIGNATURE

ADDRESS

CITY STATE, ZIP CODE

HOME PHONE CAMPUS PHONE

EMAIL ADDRESS

PRINT ALTERNATIVE/ADVISOR NAME

SIGNATURE

ADDRESS

CITY STATE, ZIP CODE

HOME PHONE CAMPUS PHONE

EMAIL ADDRESS

ACCT #	ORGANIZATION NAME
--------	-------------------