



**Student Organization
Agency Account Request**

Agency Account Title: _____

TREASURER Printed Name _____
Signature / Date _____
Phone # _____
Email _____

I understand that, as advisor to the above referenced student organization, I am responsible for providing education, advice and direction to the student group. I also understand that I am responsible for ensuring the student organization adheres to funds handling and deposit procedures (outlined in [Student Organization Agency Account Procedures](#)) and that funds are appropriately expended.

I agree to notify the SGA Financial Services Specialist immediately in the event a change in advisor, organization officers or individuals authorized to approve disbursements occurs.

ADVISOR Printed Name _____
Signature / Date _____
Department / Phone # _____
Email _____

Please complete and return to SGA Financial Services Specialist

For SGA Financial Services Specialist Use Only

Approved: Agency Fund #: 82

Denied: