



FINANCIAL SERVICES

ASI SIGNATURE FORM

ASSOCIATED STUDENTS, INCORPORATED
CAL POLY POMONA

Please type or print, except where signatures are requested

ACCOUNT INFORMATION	
TYPE OF REQUEST:	ESTABLISH NEW ACCOUNT <input type="checkbox"/> MODIFY EXISTING ACCOUNT <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
ACCOUNT NAME CLUB	EFFECTIVE DATE: JUNE 1, 2016
PURPOSE OF ACCOUNT AND TYPE OF EXPENDITURE TO BE MADE (Please indicate why the account is needed and the type of expenditures that will be made (for example: equipment, travel, etc.): TRAVEL, CONFERENCES, TOURS, WORKSHOPS, SUPPLIES & HOSPITALITY	
EXPECTED SOURCES OF INCOME (Please indicate sources of income (e.g., contributions, sales, revenue, dues, etc.): DUES & FUNDRAISING EVENTS	
DISPOSITION OF FUNDS (when account is inactive or closed): CLUB'S NATIONAL OFFICE, TAMPA, FL	
Indicate the approximate date the account will close or check INDEFINITELY if the account is expected to be permanent ACCOUNT WILL REMAIN ACTIVE UNTIL: _____ OR INDEFINITELY <input checked="" type="checkbox"/>	
CHARTERED OR RECHARTERED WITH OSL	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> /A <input type="checkbox"/> IF NO OR N/A, PLEASE PROVIDE _____

EXPENDITURE APPROVAL

Please indicate who will be authorized to incur expenditures from this account. Expenditure approval will require two authorized signatures. An advisor signature is required for accounts managed by student organizations. All expenditures are subject to review and approval by ASI Financial Services for conformance with account purposes.

AUTHORIZED SIGNERS					
Title	Dept, College, Division or Organization	Type or Print Name	Email Address / Phone	Date	Signature
Advisor 1		ADVISER 1	A1@CPP.EDU/9876	5/10/16	
Advisor 2		ADVISER 2	A2@CPP.EDU/5432	5/11/16	
Advisor 3					
President/Chair		PRESIDENT	PRES@YAHOO.COM	5/20/16	
Treasurer		TREASURER	TREAS@GMAIL.COM	5/10/16	
Other Authorized Signors					

AUTHORIZATION / EXECUTED BY:			
Account Administrator's Signature	_____	Day Time Phone Number	888-888-8888
Street Address	123 E. 6TH STREET	Evening Phone Number	111-111-1111
City and Zip Code	IRVINE, CA 92345	E-mail Address	JANE@CPP.EDU

FOR ASI FINANCIAL SERVICES OFFICE USE ONLY	
ASI Financial Services Initials:	Prepared _____ Approved _____
Account Number Assigned	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>