ASI 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 ☐   MODIFY EXISTING ACCOUNT ☑   OTHER ☐

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** ☑

CHARTERED OR RECHARTERED WITH OSL   Yes ☑   No ☐   /A ☐   **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   ☐ ☐ ☐ ☐ ☐ ☐

The reverse side of this document constitutes a part of this agreement. Please read carefully.