



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 _____ **EFFECTIVE DATE:** _____

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.):

EXPECTED SOURCES OF INCOME (Please indicate sources of income (e.g., contributions, sales, revenue, dues, etc.):

DISPOSITION OF FUNDS (when account is inactive or closed):

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 N/A **IF NO OR N/A, PLEASE PROVIDE EXPLANATION**

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					
Advisor 2					
Advisor 3					
President/Chair					
Treasurer					
Other Authorized Signors					

AUTHORIZATION / EXECUTED BY:

Account Administrator's Signature _____ Day Time Phone Number _____

Street Address _____ Evening Phone Number _____

City and Zip Code _____ E-mail Address _____

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.