

MOREHEAD STATE UNIVERSITY CLUB ACCOUNT AUTHORIZATION

CHECK ONE: Original Authorization _____
Renewal Authorization _____

Club Name: _____ Date: _____

Campus Mailing Address: _____ Phone Number: () - _____ - _____

Account Number: 50-00000000-240 _____ Current Balance: \$ _____.

We, the undersigned, acknowledge the receipt of and agree to abide by the policy and procedures used by Morehead State University in the management of this account.

SIGNATURES:

_____/____/____ _____ _____ _____
Club Sponsor Date Club President Date

Printed Name

Printed Name

E – Mail Address (Club Sponsor)

E – Mail Address (Club President)

_____/____/____
Club Treasurer Date

_____/____/____
Student Affairs Sponsor

Printed Name

_____/____/____
Acct. & Bud. Control

E – Mail Address (Club Treasurer)

ACCOUNT CLOSING:

Reason for Termination: _____ Date: _____

Disposition of Funds: BALANCE: \$ _____

_____/____/____ _____ _____ _____
Club Sponsor Date Club President Date

Printed Name

Printed Name

E – Mail Address (Club Sponsor)

E – Mail Address (Club President)

_____/____/____
Club Treasurer Date

_____/____/____
Student Affairs Sponsor Date

Printed Name

_____/____/____
Acct. & Bud. Control Date

E – Mail Address (Club Treasurer)

Distribution of Copies: One - Accounting & Budgetary Control One - Student Services One - Applicant