

ACCOUNTING & SCHEDULING CLUB/ORG AUTHORIZED SIGNATURE LIST

Please return fully completed form to SURC Accounting, SURC 263. Questions? 509 963-3034

Club/Org Name: _____ Effective Dates: From _____ To _____

For Club Accounting Transactions: Please designate **at least two members/officers** (not including your advisor) to be responsible for spending club/org monies by filling in the boxes below, and designate the recipient of any remaining funds should the club disband or fail to be recognized for a period of three years. Two Club members authorized to sign for accounting transactions must sign authorizing the club's choice.

The Club/Org designates the selected fund below to receive any monies held in trust by the Accounting Office should the Club/Org disband or fail to be recognized for a period of three years.

S&A Academic Senate ASCWU BOD Club Senate SCWU Student Scholarship Fund

Signature of authorized Club member

Signature of authorized Club member

For Scheduling Reservations: Please designate **two members/officers** (not including your advisor) to be responsible for scheduling all spaces for club use by filling in the boxes below.

1 Name (please print legibly) _____	CWU Email _____	Office held _____ Advisor _____	Phone number _____
Signature	Authorized for: Accounting <input checked="" type="checkbox"/>	Scheduling <input checked="" type="checkbox"/>	I have read Accting & Scheduling policies. Initials: _____

2 Name (please print legibly) _____	CWU Email _____	Office held _____	Phone number _____
Signature	Authorized for: Accounting <input type="checkbox"/>	Scheduling <input checked="" type="checkbox"/>	I have read Accting & Scheduling policies. Initials: _____

3 Name (please print legibly) _____	CWU Email _____	Office held _____	Phone number _____
Signature	Authorized for: Accounting <input type="checkbox"/>	Scheduling <input checked="" type="checkbox"/>	I have read Accting & Scheduling policies. Initials: _____

4 Name (please print legibly) _____	CWU Email _____	Office held _____	Phone number _____
Signature	Authorized for: Accounting <input type="checkbox"/>		I have read Accting & Scheduling policies. Initials: _____

5 Name (please print legibly) _____	CWU Email _____	Office held _____	Phone number _____
Signature	Authorized for: Accounting <input type="checkbox"/>		I have read Accting & Scheduling policies. Initials: _____

To add additional members/officers for club accounting transactions, please add them to the back following the format above.