

# STUDENT ORGANIZATION FUND CHANGE FORM

Please print legibly

FUND # : \_\_\_\_\_

DATE: \_\_\_\_\_

The following information is required before fund changes are processed.

Name of Organization: \_\_\_\_\_

**Director of Campus Life Student Activities signature**\_\_\_\_\_

Organization's campus mail box: \_\_\_\_\_

Name of Org. contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Current (old) Faculty/Staff Financial Manager's name & signature:  
\_\_\_\_\_

**Fill in below the changes to be made to your organization's information.**

Revenue source \_\_\_\_\_

Funds will be used for \_\_\_\_\_

Names and titles of officers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Names of Authorized signers to be listed on the signature card (at least 2 signers) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Faculty/Staff Financial Manager's name and signature:** \_\_\_\_\_

Campus address: \_\_\_\_\_

**\*The fund information will not be changed until this form is completed and signed by your faculty/staff advisor.**

Please forward **completed** change form to:

**Lillian Tusson, Accounting Department, 212 Hover Building**

**\*\*No disbursements can be made from the fund in excess of the fund balance\*\***