

EASTERN MICHIGAN UNIVERSITY

Student Organization EMU Fund Application

Last Revised 2/23/2009

DATE: _____

****The following information (please print) is required before a fund is established****

Name of Organization: _____

Name of Org. contact: _____ Phone number: _____

Organization's campus mail address: _____

Is the Organization recognized by the Campus Life Office with current information on the Student Org Web Portal? Yes No

How will revenue be generated? _____

How will funds be utilized? _____

Names and titles of officers:

| Title/Position | Name |
|----------------|------|
| President | |
| Vice President | |
| Treasurer | |
| | |
| | |

PRINT NAMES of Authorized signers as listed on the Student Org Web Portal:

| Title/Position | Name | EID#: |
|-----------------------|------|-------|
| Faculty/Staff Advisor | | |
| President | | |
| Vice President | | |
| Treasurer | | |
| | | |

Faculty/Staff Advisors campus phone & mail address:

Faculty/Staff Advisors signature: _____

Please forward **completed application** to:

Accounting Department, 212 Hover or email to busfin_generalaccounting@emich.edu

The fund will be officially opened upon receipt of the first deposit.

****No disbursement can be made from the fund in excess of the fund balance.****

DO NOT WRITE IN BOX – FOR ACCOUNTING PURPOSES ONLY

| | | |
|----------------------|----------------------|-----------------------|
| Received by: _____ | Approved by: _____ | Completed by: _____ |
| Received Date: _____ | Approved Date: _____ | Completed Date: _____ |
| Fund Number: _____ | Comments: _____ | |