

EASTERN MICHIGAN UNIVERSITY

Student Organization EMU Fund Application Last Revised July 2011

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: _____

Organization must be recognized by the Campus Life Office with current information on the Student Org Web Portal?

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		

EMU Faculty/Staff Advisors campus phone & campus 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: _____	Org Number: <u>200001</u>	Program Number: <u>80</u>