

EASTERN MICHIGAN UNIVERSITY

EMU Agency Fund Application
For Non-Student Organizations
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: _____

How will revenue be generated? _____

How will funds be utilized? _____

PRINT NAMES of Authorized signers:

Title/Position	Name	EID
Financial Manager		
Signer		
Signer		
Signer		
Signer		

Financial Managers campus phone & mail address:

Financial Managers 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>200003</u>	Program Number: <u>80</u>