

Shippensburg University Student Services, Inc.
Agency Fund Application

Please Check **One**:

Create New Fund

Update an Existing Fund

Account #: _____

Organization #: _____ *(if known)*

FUND TITLE: _____

DEPARTMENT: _____

BRIEF DESCRIPTION OF THE PURPOSE OF THE FUND:

SOURCE(S) OF REVENUE:

EXPENDITURE CATEGORIES:

Monthly statements sent to:

Name

E-mail address

Duration: This fund is expected to remain active until: _____

"I understand and agree that if my agency account becomes inactive for a period of two fiscal years and no contact is made by the account holders, any balance in the account will revert to Shippensburg University Student Services, Inc. to be used as deemed appropriate by the SGA."

Please indicate who to contact for the disposition of unclaimed funds _____

"I certify that I am a duly elected officer of the above named organization or an authorized participant of the above named project, and that the above information is true and complete to the best of my knowledge."

Student Officer Name & Title (Print)

Student Officer Signature

Student Officer Name & Title (Print)

Student Officer Signature

Advisor Name (Print)

Advisor Signature