

SIGNATURE AUTHORIZATION FOR STUDENT ORGANIZATION FUNDS

To the Treasurer of Student Organizations, The University of Kansas:

We certify that we are duly elected or appointed persons authorized to withdraw funds from the _____
_____ account. The authorization and the signatures are to remain in effect until you
are notified in writing of a change. If this account remains inactive for 5 years, the funds are forwarded to the State of Kansas

Signatures on "Withdrawal request to the Treasurer" chargeable against the above account are to be as follows:

		Telephone #
PRINT NAME _____	TITLE _____	_____
SIGNATURE _____	E-mail _____	
PRINT NAME _____	TITLE _____	_____
SIGNATURE _____	E-mail _____	
PRINT NAME _____	TITLE _____	_____
SIGNATURE _____	E-mail _____	

The above signatures are correct; said persons are duly authorized to withdraw funds from the account and meet with my approval as Faculty Sponsor.

Received in CASPUR Office by:

PRINT NAME _____

Auditor, Student Organizations

Signature of Faculty Sponsor

This date _____ 20 _____

This date _____ 20 _____

- Check if 2 signatures are required for withdrawal.
- Check if one signature must be the Faculty Sponsor.

Organization ID _____