

# SIGNATORY FORM

for  
 STUDENT GOVERNMENT OFFICES AND ORGANIZATIONS

Department Code  
 (4-digit number)

**Submit completed form to SGA Office, 332 Kerckhoff Hall.**

We understand that our signatures are to be used on general requisitions and payment orders, budget transfers, performance contracts and any Student Government Accounting related documents to permit duly authorized expenditures of our Office and/or Organization's funds.

We further understand that when our signatures appear, they certify that the expenditure is legitimate and that they attest to an acceptance of responsibility to see to it that the money will be used for its intended purpose and that the proof of expenditure will be supplied to the Student Government Accounting Office.

**Name of Organization/Commission:** \_\_\_\_\_  
 (As it Appears Registered with Center for Student Programming)

**Signatures Valid Between:** August 1, 20 \_\_\_\_\_ To July \_\_, 20 \_\_\_\_\_

**At least Two (2) individuals must have signatory for your organization.**

**Date**  
 Added to List

- |          |                          |                    |
|----------|--------------------------|--------------------|
| 1) _____ | <b>Print Name:</b> _____ | <b>UID:</b> _____  |
|          | <b>Signature:</b> _____  | <b>Cell:</b> _____ |
| 2) _____ | <b>Print Name:</b> _____ | <b>UID:</b> _____  |
|          | <b>Signature:</b> _____  | <b>Cell:</b> _____ |
| 3) _____ | <b>Print Name:</b> _____ | <b>UID:</b> _____  |
|          | <b>Signature:</b> _____  | <b>Cell:</b> _____ |
| 4) _____ | <b>Print Name:</b> _____ | <b>UID:</b> _____  |
|          | <b>Signature:</b> _____  | <b>Cell:</b> _____ |
| 5) _____ | <b>Print Name:</b> _____ | <b>UID:</b> _____  |
|          | <b>Signature:</b> _____  | <b>Cell:</b> _____ |
| 6) _____ | <b>Print Name:</b> _____ | <b>UID:</b> _____  |
|          | <b>Signature:</b> _____  | <b>Cell:</b> _____ |