



## Request for Approval to Collect Funds/Renewal

Please complete both sides of this application and return to the Office of Finance and Administration, 200 Netzer. If you need assistance, please contact the office at 2081.

Department or Organization:				
Person Submitting Request:				
Account Manager:				
Alternate Signatory, if desired:				
Description of activity or program for which funds will be used (a separate sheet may be used) :				
Date(s) of activity/event:				
Funds will be collected from:	<input type="radio"/> students	<input type="radio"/> employees	<input type="radio"/> community	<input type="radio"/> other
Anticipated payment types:	<input type="radio"/> cash	<input type="radio"/> check	<input type="radio"/> dragon dollars	<input type="radio"/> credit card
Account to which funds will be deposited (if known):	<input type="radio"/> state IFR	<input type="radio"/> agency acct	<input type="radio"/> college fdn/ alumni assn.	<input type="radio"/> student assn

**PLEASE COMPLETE THE SUMMARY BUDGET FOUND ON BACK AND ATTACH A DETAILED ITEMIZED BUDGET**

I agree to abide by the requirements of the College [Cash Handling and Payment Collection Policy and Policies](#) and [Procedures for Agency Accounts](#), if applicable:

\_\_\_\_\_  
Account Manager Signature Print Name Date

\_\_\_\_\_  
Alternate Signatory Signature Print Name Date

\_\_\_\_\_  
Department Chair or Supervisor Signature Print Name Date

\_\_\_\_\_  
Dean or Associate Vice President Signature Print Name Date

\_\_\_\_\_  
Vice President or Provost Signature Print Name Date

Office use only: Account type: <input type="checkbox"/> State IFR <input type="checkbox"/> Agency Account <input type="checkbox"/> College Fdn./Alumni Assn <input type="checkbox"/> Student Assn Funds Posted to Student Accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No Banner detail code: _____ <input type="checkbox"/> Commerce Manager: <input type="checkbox"/> Conference <input type="checkbox"/> Event <input type="checkbox"/> Other: _____
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