

**This Form Must be Completed and Returned to Student Accounting SHW 125 for Processing**

**Application for a Memorandum of Agreement**

Your Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Your Campus Address (e.g., 215PUB): \_\_\_\_\_

Your Organization's Name: \_\_\_\_\_

Budget Index #: \_\_\_\_\_

Name of Person/Group Performing: \_\_\_\_\_

Name on Check: \_\_\_\_\_

Check to be **mailed** or to be **presented** after performance? \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

IRS ID # or Social Security Number: \_\_\_\_\_

**Name on check to be made "payable to" and the tax id/ss number MUST MATCH or the check will be delayed.**

Type of Performance: \_\_\_\_\_

Place of Performance: \_\_\_\_\_

Date of Performance: \_\_\_\_\_ Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Amount to be Paid: \_\_\_\_\_

Other Fees to be Paid:

Travel: \_\_\_\_\_

Lodging: \_\_\_\_\_ No. of Rooms: \_\_\_\_\_ Date of Stay: \_\_\_\_\_

Number **and** names of people in each room: \_\_\_\_\_

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Meals: \_\_\_\_\_ Shuttle: \_\_\_\_\_ (time) Confirmation #: \_\_\_\_\_

Other: \_\_\_\_\_

Additional Information/Requests: \_\_\_\_\_

Director of Student Activities Signature: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_ Club Officer Title and Signature:

ASEWU Finance VP Signature: \_\_\_\_\_

Supervisor of Student Accounting (if over \$500): \_\_\_\_\_

Return to SHW 125

if you have questions regarding this form, call Cathy @ 7891, Terri @ 6716