



Department:	Account Owner/Contact:
Account Name:	Account Number:

Purpose of Account:	
Source and Method of Collecting Revenue:	
Type of Expenditures from Account:	

AUTHORIZED SIGNATURES ON ACCOUNT

Name	Name	Name
Title	Title	Title
Phone#	Phone#	Phone#
Signature	Signature	Signature

Submitted By:

Name: _____ Department Dean/Director	Name: _____ Department Vice President
Signed: _____ Date	Signed: _____ Date

Reviewed By:

Approved By:

Signed: _____ Senior Accountant, Auxiliary Services	Date	Signed: _____ Director, Auxiliary Services	Date
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ACCOUNT TERMS

Auxiliary Accounts are to be used to enhance the educational experience of the students and the community

1. All funds collected will be held and applied according to the purpose for which the project was established. Good business practice will be exercised in all transactions affecting the project. Each obligation will bear the authorization of an individual named in this agreement.
2. All property, equipment and supplies shall become the property of the District and will be recorded, inventoried and accounted for as such. In the event the fund is dissolved, all assets shall become District property subject to existing directives for the disposition of the same.
3. This agreement will be renewed every two years.
4. The annual budget for each subsequent fiscal year should be submitted by May of the current year.