



Account Authorization

Return completed form to Tower Foundation A/P, ext. zip 0183

TOWER FOUNDATION

Create a New Account

Update Account No:

- Type of Account:
- General Donation
 - Pre-Endowment
 - Scholarship
 - Planned Gifts
 - Endowment
 - Endowment Distribution

Title of Account: _____

Purpose of Account: _____

College: _____ Department: _____ Ext. Zip: _____

Monthly Report Delivery Contact (If different from first signer): _____

Account Disclosures

- Is it anticipated that account activity will involve the following?
- | | No | Yes |
|---|--------------------------|--------------------------|
| • Employees or volunteers driving as part of their job duties? | <input type="checkbox"/> | <input type="checkbox"/> |
| • High risk or special events that may require a certificate of insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use of hazardous materials or hazardous activities | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use of human or animal subjects | <input type="checkbox"/> | <input type="checkbox"/> |

Authorized Signatures For Expenditure:

By signing the account form and future expenditure requests, you are certifying that all expenses are for the purpose described above and that all SJSU and Tower policies have been complied with. Account signers acknowledge that a 5% administrative charge will be assessed on expenses as they occur, excluding scholarships.

(First Authorized Signer - Signature)

(Second Authorized Signer - Signature)

(First Authorized Signer - Typed or Printed)

(Second Authorized Signer - Typed or Printed)

Campus Authorization:

Department Chair

Date: _____

College Dean/Vice President

Date: _____

For Tower Foundation Use

Account Number Assigned: _____

Purpose Code: UN SF SL FS RE

MOU Required? Yes No Attached? Yes No

CP LB OA OR PS

Completed by: _____

Completed Date: _____