



# 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): \_\_\_\_\_

**Student Organizations:** Attach a copy of your chapter officer roster with contact information (email and telephone).

### 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"/>

Please see back of form for further instructions on any activities where "Yes" was checked.

### 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 [Advisor for Club] – Signature)

\_\_\_\_\_  
(Second Authorized Signer [Student Officer]-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  
CP LB OA OR PS

MOU Required? Yes  No  Attached? Yes  No

Completed by: \_\_\_\_\_

Completed Date: \_\_\_\_\_