Delgado
COMMUNITY COLLEGE

Request to Create Account

Name of Organization/Entity: _____ Date: _____

Type of Account: _____ Student   _____ Faculty/Staff

Source of Funds: Type of Expenditures:
_____ Fundraisers   _____ Services
_____ Dues   _____ Supplies
_____ Donations   _____ Travel
_____ Other: _____   _____ Other: _____

Please provide the name and operator number for processing requisitions (if applicable):

       Enter requisitions: Admin. Assistant for Student Life

       Approve requisitions: Director of Student Life

The Controller's Office will deposit and disburse funds in accordance with established policies and procedures of Delgado Community College. The Controller's Office will return any request for funds in excess of available balances.

_____
Signature of club/group representative   Print Name   Title with club/group

_____
Signature of faculty/staff advisor (if applicable)   Print Name   Title

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APPROVALS:

For Student Accounts:

_____   _____
Campus Chief Student Life Officer   Date

_____   _____
Campus Provost   Date

For Faculty/Staff Accounts:

_____   _____
Appropriate Campus Provost   Date

_____   _____
Controller   Date

Controller's Office use only: Date received:
Acct. # assigned: Date completed:

Form 3330/001 (7/07)

Copy: Office of Resource Development