



GENERAL AUXILIARY ACCOUNT ESTABLISHMENT

1) Program Fund Name: _____

2) Establishment Date: _____

3) Revision Date: _____

4) Purpose of the Program Fund:

5) Restrictions:

6) Fund Manager: _____

7) Requisition Signers:

1. _____
Fund Manager (print) *required _____ Signature

2. _____
Dean or Director (print) *required _____ Signature

3. _____
**Vice President (print) _____ Signature

**only required when the Fund Manager is a Dean or Director

8) Authorized to Pick Up Checks:

9) Approved By:

Dean, Director, Vice President, or _____ Signature
President Overseeing the Fund (print)