CLAYTON STATE UNIVERSITY			
Clayton State University Agency Account Application			
Clayton State University reserves the right to deny an agency account to any person or organization determined to be non- compliant with established Georgia Board of Regents Guidelines. Funding must be from sources outside the University, and may not be proceeds from sales or fees collected by University departments.			
Account Information: Account Title:			
Purpose of Account: To establish an account for the recognized organization's <u>raised</u> funds in order to track them more effectively.			
Source of Funds: The funds in the account are from the organization's fund-raisers, which do not use student activity fee funds as seed money or to purchase items later sold to raise money.			
Organization:			
Organizational Contacts:(Must be CSU Faculty or Staff)1.Name:Brandi Alkire, Business Manager for Division of Student Affairs Business OfficeAddress:2000 Clayton State Blvd. Morrow, GA 30260Telephone:(678) 466-5425			
Approval: Should you be issued a Clayton State University Agency Fund Account you will be provided a signature card on which to designate persons authorized to apply charges to or initiate withdrawals from the account. You should return the card to Scott McElroy, Director of Budgets. You may contact Mr. McElroy (678.466.4285) should you have questions about agency accounts.			
Account Subject to Closure: Agency Account activity is subject to review annually. An account is subject to closure after six months of inactivity, repeated overdraft attempts, failure to inform the University Accounting Office of changed organizational contacts, failure to maintain at least one University faculty or staff as an organizational contact, or organizational dissolution. Clayton State University reserves the right to immediately close any account deemed inconsistent with University mission, goals, or objectives, or noncompliant with University, University System, State of Georgia, or United States regulatory policy or applicable law. Organizational contacts will be contacted by reasonable means to determine the disposition of account balance remaining at closure. Clayton State University reserves the right to recover any and all costs associated with account			

Affidavit: I, the undersigned, certify under penalty of perjury, that the information provided above or included with this application is correct, and that I understand the provisions and restrictions set forth in this document, and that an agency account is maintained at the pleasure of the University, and that said account is subject to closure as is specified above.		Approved: Deferred: Denied:
Signature	Date	Accounting Use Only

closure from account balance remaining at closure.

Clayton State University Agency Funds Signature Card

Account Name: _____

Account Number: Fund 60000 / Dept ID /Account 241100

NOTE: All requests for charges against or disbursements from the above-identified account MUST be authorized by one of the undersigned. Funds on deposit in agency accounts are private and non-governmental. Clayton State University is fiscal agent only.

The Following Individuals are designated to authorize expenditures from the above-identified agency account.

Primary (must be CSU faculty or staff)

Brandi Alkire

Name (Printed or Typed)

Signature

Effective Date