Club Signature Authorization Sheet

Club: __________________________________________    Date: ____ / ____ / ____

Please print all officers’ names & ID numbers.

President: _________________________________________    Other (specify office): __________________________
ID#: _________________                        ID#: _________________
Vice President: ________________________________    Other (specify office): __________________________
ID#: _________________                        ID#: _________________
Treasurer: _________________________________________    Other (specify office): __________________________
ID#: _________________                        ID#: _________________
Sponsor: ___________________________________________    Other (specify office): __________________________
ID#: _________________                        ID#: _________________
Other (specify office): ___________________________    ID#: _________________
Other (specify office): ___________________________    ID#: _________________
Other (specify office): ___________________________    ID#: _________________
Other (specify office): ___________________________    ID#: _________________

Photo Identification & Receipts are required for all cash transactions. Maximum amount of any single reimbursement/cash advance is not to exceed the club balance. Cash reimbursements $500 and under require two authorized club officers’ signatures. Transactions exceeding $500 require two authorized club officers’ signatures, the club sponsor’s signature, two business days’ notice, and approval from the Accounting Office.

Individuals authorized to withdraw money on behalf of the club:

Name: ____________________________________________    Signature: ________________________________
Name: ____________________________________________    Signature: ________________________________
Name: ____________________________________________    Signature: ________________________________
Name: ____________________________________________    Signature: ________________________________

We authorize the previously listed restrictions for the club listed above and hereby recognize that we have read and understand the policies and procedures outlined by the Accounting and Student Life Offices (contact phone numbers must be included).

Signature of President: ______________________________    President’s Contact #: ______________________________
Signature of Treasurer: ______________________________    Treasurer’s Contact #: ______________________________
Signature of Sponsor: _________________________________    Sponsor’s Contact #: ______________________________

Please return this form to the Student Life office in Kellogg Hall, across from the SAC. Additional forms and the policies and procedures are available at wallawalla.edu/Clubs or from the AVP/Dean of Students by emailing Clubs@wallawalla.edu.

AVP/Dean of Student’s Signature: ________________________________    Date: ____ / ____ / ____