



Effective Date: \_\_\_\_\_

FE Project #: \_\_\_\_\_ FE Account: \_\_\_\_\_

Section I: Agency Fund Request

Request to: Establish Agency Account Fund Name \_\_\_\_\_
Modify Agency Account Change requested \_\_\_\_\_

Section II: Type of Organization/Activity/Event

Departmental Club / Organization Other: \_\_\_\_\_

Is the organization a registered student organization with this university? Yes No

Are activities of this Agency Account associated with an outside organization? Yes No

If Yes, organization name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Legal status ((501(c)3), corporation: \_\_\_\_\_

Federal tax ID number of organization: \_\_\_\_\_

Please attach any relevant documentation demonstrating the relationship between this organization and Savannah State University, and the nature of the activities associated with this account.

Purpose of Organization/Activity/Event: \_\_\_\_\_

Section III: Agency Account Details

Principal Person Responsible for the Account:

Name Employee ID Phone

Other Person(s) Authorized to Deposit and Disburse Funds:

Name Employee ID Phone

Name Employee ID Phone

Will this agency account assess memberships or other fees to its participants? Yes No

If yes, specify amount per participant and estimate total collected per year: \_\_\_\_\_

List all other sources of receipts: \_\_\_\_\_

Purpose of disbursements: \_\_\_\_\_

Is this agency account being established for a specific event or definite length of time? Yes No

If yes, list the date of the event or the end date of the account: \_\_\_\_\_

Please provide a disposition of funds should the account become inactive (required). If the remaining balance is to be transferred to another account, please provide the title and number; if a check is to be issued, please provide payee name and address: \_\_\_\_\_

**Section IV: Approval Signatures**

By signature below it is agreed that Savannah State University's relationship with the activities accounted for by this agency account is that of fiduciary agent, and that these activities are related to but not fundamental to the University's primary mission. It is also agreed that the manager, as signed below, will act as the budget manager and person responsible for the activities of this fund in accordance with Board of Regents policy and the following:

- (1) The agency must follow the same accounting procedures as the foundation including use of forms, documentation, and proper fund deposits and disbursements.
- (2) The agency's collection and use of funds must be in accordance with the purposes stated in the agency documentation.
- (3) The university does not assume any responsibility or obligation for activities undertaken by the agency and its Custodian or designee.
- (4) Use of the university's tax exempt status for sales tax is NOT allowed. Also, use of the university's federal identification number and university name is not allowed.
- (5) Any change in status of the account, including principal person and designee, must be reported timely to the university.
- (6) Any account that becomes inactive (defined as one year of no activity) should have funds dispersed in accordance with the agency terms and be closed.
- (7) The university reserves the right to close the agency account if its relationship with the university changes or if it ceases to be used in the manner intended.

\_\_\_\_\_  
Signature (Person Responsible for the Agency Account)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by (Dean/Director, or Director-Student Activities)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by (VP/Provost or VP Student Affairs if student organization)

\_\_\_\_\_  
Date

Note: Director of Student Activities and VP Student Affairs approval is required for all student organization agency accounts.  
Provost signature is required also for student organization accounts associated with an Academic Affairs department.

**FINANCIAL SERVICES USE ONLY**

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

\_\_\_\_\_ Title

\_\_\_\_\_ Date

Fund: \_\_\_\_\_

Project #: \_\_\_\_\_

T-Code: \_\_\_\_\_

Account: \_\_\_\_\_

Approved by: \_\_\_\_\_  
Name

\_\_\_\_\_ Title

\_\_\_\_\_ Date