The following is intended to describe the purpose, procedures, etc. for the request to establish a student organization fund with the University of Louisiana at Lafayette. The Office of the Vice President for Administration and Finance will review the request and make the determination for the establishment of a student organization agency fund.

The type of fund (general restricted or agency fund) will be determined by the Office of Financial Services based on the information provided below. According to Louisiana Attorney General’s Opinion 94-167, the type of fund depends on the control over those funds by the faculty or staff advisor.

An agency fund (account beginning with 88xx) would be created if the student organization or group does not bear the University’s name or tax identification number. The funds are comprised of dues assessed to the members of the organization or group and revenues from fund-raising activities conducted by the students. The organization/group has officers (i.e., President, Treasurer, etc.) who are solely responsible for the receipt, deposit, and expenditure of those funds and a University faculty or staff advisor who exercises **no** control over those funds. **NOTE:** Any fund-raising events held by the organization may **never** reference, indicate, or include the University’s name.

A generally restricted fund would be created if the organization or group bears the University’s name or tax identification number. The funds are comprised of fund-raising activities on be-half of the University and/or a University faculty or staff advisor has control over those funds (i.e., responsible for the receipt, deposit, and expenditure of those funds). The account is subject to the University and State policy and procedures concerning the deposit and disbursement of those funds.

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| **PLEASE PRINT** |
| Date of Request |       |
| Student Organization Name |       |
| Address |       |
| Phone | (     )       | Organization’s Date of Inception |       | Tax ID # |       |
| Website and/or Email Address |       |

1. Indicate the reason(s) a student organization fund is needed.

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1. What is the source of funds received (i.e. membership dues, fundraising events, etc.)?

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1. Indicate what the funds will be expended (used) for.

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1. Does the student organization/group have a University faculty or staff advisor? [ ]  Yes [ ]  No

If yes is selected, please provide the following information.

|  |  |
| --- | --- |
| Student Organization Advisor’s Name |       |
| Advisor’s Department |       |
| Advisor’s Email  |       | Advisor’s Phone | (     )       |

Please provide a description of duties/role of the student organization/group’s advisor.

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| **OFFICER(S)** |
| \* *The student organization/group must have elected officers (i.e. President, Treasurer, etc.). These individuals will have access to the agency fund account and will have authority to make deposits, withdraw funds, request information, or make changes to the account. (If necessary, attach additional sheet).* |
| **OFFICER TITLE** |       |
| Officer Name |       | CLID |       |
| Signature |  |
|  |
| **OFFICER TITLE** |       |
| Officer Name |       | CLID |       |
| Signature |  |
|  |
| **OFFICER TITLE** |       |
| Officer Name |       | CLID |       |
| Signature |  |
|  |
| **OFFICER TITLE** |       |
| Officer Name |       | CLID |       |
| Signature |  |
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| **ADDITIONAL AUTHORIZED SIGNER(S)** |
| \* *In addition to the officers’ listed in #5, individuals listed in #6 will also have access to the agency fund account. These individuals have authority to make deposits, withdraw funds, request information, or make changes to the account. (If necessary, attach additional sheet).* |
| Add’l Authorized Signer’s Name |       | CLID |       |
| Signature |       |
|  |
| Add’l Authorized Signer’s Name |       | CLID |       |
| Signature |       |
|  |
| Add’l Authorized Signer’s Name |       | CLID |       |
| Signature |       |
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**ORGANIZATION / GROUP AGENCY FUND ACKNOWLEDGEMENTS**

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|  | *I understand that it is my responsibility to be familiar with the laws and regulations of the University of Louisiana at Lafayette and the State of Louisiana. I have read and understand the University’s* ***Agency Funds Policy*** *in its entirety and agree to adhere to all of the requirements of the policy.**The information provided within this document is accurate to the best of my knowledge and I approve the requested changes. Each signature within this document acknowledges that individual’s understanding and responsibility involved with being an officer and authorized signer on an agency fund account with the University and accepts responsibility of the said account.* |  |

APPROVALS:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **Title** |  | **Print Name** |  | **Signature** |  | **Date** |
| Requested by (Requestor): |  |       |  |  |  |       |
| Advisor |  |       |  |  |  |       |

**STUDENT ENGAGEMENT AND LEADERSHIP OFFICE USE ONLY**

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|  |  |  |  | **Approve** | **Deny** |
|  |  |       |  |  |  |
| Heidie E LindseyAssociate Dean of Students Director, Office of Student Engagement & Leadership |  | Date |  |  |  |

**ADMINISTRATIVE AND FINANICIAL SERVICES OFFICE USE ONLY**

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|  |  |  |  | **Approve** | **Deny** |
|  |  |       |  |  |  |
| Angela M Smith, CPAAssociate Comptroller II |  | Date |  |  |  |

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| All requests and supporting documentation should be submitted to: |
| Angela M. Smith, CPAAssociate Comptroller IIFinancial Services – Comptroller’s OfficeMartin Hall, Room 164337-482-1395 │ angie.smith@louisiana.eduWebsite: http://financialservices.louisiana.edu/ |

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| --- | --- | --- | --- | --- | --- |
| DISTRIBUTION: | *Original:* |  | Financial Services – Comptroller’s Office |  |  |
|  | *Copy:*  |  | Requesting Department / Requestor |  | Office of Student Engagement and Leadership |