

# ACTIVITY FUND CLUB OFFICERS

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR CAMPUS BOOKKEEPER/SECRETARY

NO LATER THAN SEPTEMBER 27TH, 2021

SCHOOL NAME: \_\_\_\_\_ YEAR 2021-2022

CLUB NAME: \_\_\_\_\_

**PRINT NAME**

**SIGNATURE**

CLUB SPONSOR: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_

VICE-PRESIDENT: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

TREASURER: \_\_\_\_\_

**\*\*\*NOTE: REQUEST FOR PAYMENT FORMS\*\*\***

**Required Signatures:** 1. Sponsor 2. President or Treasurer

**Faculty Fund** requires 2 signatures

THIS FORM MUST BE IN THE BOOKKEEPER'S/SECRETARY'S OFFICE FOR AUDITING PURPOSES.