

# Delgado COMMUNITY COLLEGE

## Request to Create Account

Name of Organization/Entity: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Student \_\_\_\_\_ Faculty/Staff

Source of Funds: _____ Fundraisers _____ Dues _____ Donations _____ Other: _____	Type of Expenditures: _____ Services _____ Supplies _____ Travel _____ Other: _____
--	---

Please provide the name and operator number for processing requisitions (if applicable):

Enter requisitions: \_\_\_\_\_

Approve requisitions: \_\_\_\_\_

The Controller's Office will deposit and disburse funds in accordance with established policies and procedures of Delgado Community College. The Controller's Office will return any request for funds in excess of available balances.

Signature of club/group representative	Print Name	Title with club/group
--	------------	-----------------------

Signature of faculty/staff advisor (if applicable)	Print Name	Title
--	------------	-------

**APPROVALS:**

**For Student Accounts:**

_____	_____
Assistant Director of Student Life	Date
_____	_____
Director of Student Life/Support	Date
_____	_____
Associate Vice Chancellor for Student Affairs	Date
_____	_____
Campus/Site Executive Dean <i>(for Fundraiser accounts if applicable)</i>	Date
_____	_____
Vice Chancellor for Academic and Student Affairs	Date
 <b>For Faculty/Staff Accounts:</b>	
_____	_____
Campus/Site Executive Dean <i>(for Fundraiser accounts if applicable)</i>	Date
_____	_____
Appropriate Vice Chancellor	Date
 <b>Controller's Office:</b>	
_____	_____
Executive Director, Financial Services/ Associate Controller	Date

Controller's Office use only:	Date received:
Acct. # assigned: _____	Date completed: _____