Clear Entries

UNIVERSITY OF CENTRAL FLORIDA

ORGANIZATION AGREEMENT

ORGANIZATION NUMBER: **76-01-** REVENUE CODE: **004070**

ORGANIZATION NAME: (FOR DEPOSITS AT CASHIER'S OFFICE)

THE UNDERSIGNED REPRESENTING:
DO AGREE TO THE FOLLOWING CONDITIONS :

1. THE ORGANIZATION WILL BE ALLOWED TO USE THE UNIVERSITY AS A DEPOSITORY,IN THAT FUNDS BELONGING TO THE ORGANIZATION WILL BE DEPOSITED IN THIS ACCOUNT PRIOR TO ANY CHARGES OR EXPENDITURE OF FUNDS AGAINST THE ACCOUNT.

2. A MINIMUM OF FIFTY DOLLARS ($ 50.00) WILL BE REQUIRED TO OPEN AN ACCOUNT. THIS MINIMUM BALANCE MUST BE MAINTAINED IN THE ACCOUNT FOR THE ACCOUNT TO REMAIN ACTIVE.

3. IF, AFTER WARNING OF A CASH BALANCE BELOW FIFTY DOLLARS, THE PROBLEM HAS NOT BEEN RESOLVED IN THE PRESCRIBED TIME FRAME, THE ACCOUNT WILL BE INACTIVATED , NO FURTHER TRANSACTIONS ALLOWED UNTIL THE PROBLEM IS RESOLVED. STUDENT AFFAIRS WILL ALSO BE BE NOTIFIED IN THE EVENT THAT COLLECTION PROCEDURES ARE TO BE INITIATED.

4. IF AN ORGANIZATION ACCOUNT IS INACTIVATED DUE TO A NEGATIVE CASH BALANCE, THE OFFICERS SIGNING THIS AGREEMENT UNDERSTAND THAT THEY WILL BE HELD LIABLE FOR THE DEFICIT, AND AGREE TO REIMBURSE THE UNIVERSITY THE FULL AMOUNT OF THE CASH DEFICIT.

5. ALL ORGANIZATIONS MUST HAVE A FACULTY OR STAFF ADVISOR.

6. ACCOUNTS INACTIVE FOR MORE THAN SIX MONTHS MAY BE TERMINATED.

7. THIS AGREEMENT MUST BE RENEWED ANNUALLY.

8. A DEPARTMENTAL AUTHORIZATION LIST (DAL) MUST BE COMPLETED LISTING ALL MEMBERS OF THE ORGANIZATION AUTHORIZED TO CHARGE AGAINST THIS ACCOUNT.IT IS RECOMMENDED THAT THE ADVISOR BE DESIGNATEDTO RECEIVE THE FINANCIAL STATEMENT.

9. ORGANIZATION ACCOUNTS MAY BE USED FOR THE FOLLOWING:
   - A.) ON-CAMPUS SERVICE CHARGES SUCH AS POSTAGE,COPYING,DUPLICATING,SUPPLIES,RENTAL OF STUDENT CENTER FACILITIES OR VEHICLES.
   - B.) REIMBURSEMENT TO ORGANIZATION OFFICERS FOR DIRECT PURCHASES.
   - C.) PAYMENTS TO VENDORS.

ORGANIZATION OFFICERS/ADVISOR

LOCAL ADDRESS _____

NAME(PRINT) SIGNATURE SSN PHONE DATE

LOCAL ADDRESS _____

NAME(PRINT) SIGNATURE SSN PHONE DATE

LOCAL ADDRESS _____

NAME(PRINT) SIGNATURE SSN PHONE DATE

CAMPUS ADDRESS _____

ADVISOR(PRINT) SIGNATURE SSN PHONE DATE

APPROVED:	APPROVED:	
Jean Holt, Assistant Director DATE	LES HARDING, SR ACCOUNTANT	DATE
STUDENT UNION 208 -3245	F&A, RP-PVL 300 -0975	10001