

**APPLICATION TO ESTABLISH
AN ORGANIZATIONAL SAFEKEEPING ACCOUNT
Kansas State University**

1. Organization's Name _____
2. How is organization's activity associated with Kansas State University? Through which department?

3. How is this activity funded?

4. Person or persons authorized to make expenditures from this account.

_____	_____
Print	Signature
_____	_____
Print	Signature
5. Approximate annual dollar volume of revenue and expenditures:
Revenue \$ _____
Expenditures \$ _____
6. Source(s) of revenue:

7. Purpose of payments:

8. Monthly accounting statements will be sent to person signing statement below (student organizations must have faculty/staff advisor name(s) and signature below).

I understand that Kansas State University will not perform any Federal, State or local government reporting on transactions processed in this account. I understand that Kansas State University will only deposit funds and make expenditures upon request of authorized person(s). I understand that any regulatory reporting will be the responsibility of this organization

Responsible Person's Name (Print) _____

Department _____ Phone No. _____

Signature _____ Date _____

For Official Use Only

Cashiers _____
General Accounting _____
Reports and Statistics _____
Budget _____

FRS Account# _____

State Fund _____ PCA _____