# C:\Users\Amy\Pictures\ASUCR\UCR\LetterheadBar.jpg

# AUTHORIZED SIGNERS

**Academic Year:** 20\_\_\_\_\_\_ TO 20\_\_\_\_\_\_

**Account Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All budget holders shall designate at least two, but not more than three authorized signatures, for disbursement of funds. All authorized signatures must be **full time** undergraduate students of UCR. No disbursement shall be made without prior approval of an authorized signer.

By signing this agreement, the undersigned certifies that their organization has been registered with Student Life.

By signing this agreement the undersigned agrees that they will abide by all conditions in the ASUCR Finance Handbook, ASUCR Finance Committee Bylaws, ASUCR Finance Code and Specifications, and ASUCR Constitution and Bylaws, which can be found at [www.asucr.ucr.edu](http://www.asucr.ucr.edu)

By signing this agreement, I certify I have reviewed the PowerPoint in its entirety and have passed the Authorized Signers Test by at least 80% (The test scores will be verified by ASUCR).

**NOTE: All Authorized Signers must be current registered UCR Students**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature/Date Print Name Student ID Number

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Opt in for emails

 Phone Number Email

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature/Date Print Name Student ID Number

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Opt in for emails

 Phone Number Email

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature/Date Print Name Student ID Number

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Opt in for emails

 Phone Number Email