

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

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

4. How is this activity funded?

5. Person or persons authorized to make expenditures from this account.
- | | |
|-------|-----------|
| _____ | _____ |
| Print | Signature |
| _____ | _____ |
| Print | Signature |

6. Approximate annual dollar volume of revenue and expenditures:
- Revenue \$ _____
- Expenditures \$ _____

7. Purpose of payments:

8. Monthly accounting statements will be sent to the department 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 _____

Approved:	
_____	_____
Controller's Office	Date
State Fund _____	PCA _____