CAMPUS CLUB SIGNATURE FORM

Cosumnes River College

A hardcopy with original signatures must be submitted to the SLLC. (USE BLUE INK ONLY)

Club Name: _____

This is to certify that the persons named herein have been authorized to sign requisitions on the funds of this account.

President's Name (print)	***President's Signature***	**Date**
Treasurer's Name (print)	***Treasurer's Signature***	**Date**
Advisor's Name (print)	***Advisor's Signature***	**Date**
Co-Advisor's Name (print)	***Co-Advisor's Signature*** *(If applicable)*	**Date**

No signatures other than the above are recognized on requisitions. This is for your protection. The original is sent to the Business Office and a copy is filed in the Student Life and Leadership Center.

For SLLC Office Use Only:

Reviewed by Club Liaison On _____

Campus Life Coordinator or Student Personnel Assistant	Date Approved

Original: Business Office **Copy: Student Life and Leadership Center**

(Revised 6/16/16)