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**ACCOUNT #****ORGANIZATION****DATE**

*I certify that I am a registered full time Penn State student and authorized to conduct the financial affairs of the above listed organization. As treasurer, I understand that I am required to sign all invoices and check requests.*

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**TREASURER****E-MAIL ADDRESS**

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**ADVISOR****E-MAIL ADDRESS**

*In accordance with ASA policy, I authorize only the following (3) individuals to sign purchase orders:*

**1** \_\_\_\_\_**2** \_\_\_\_\_**3** \_\_\_\_\_

Date added to listserv \_\_\_\_\_

Date updated in ASA system \_\_\_\_\_