The University of Louisiana at Lafayette and all student/department organizations of the University are required to follow the University’s policy. The ***Agency Funds Policy*** defines the details of the University’s policy regarding student/department organizations’ agency fund accounts and can be found on the Office of Financial Services website at [www.finanicialservices.louisiana.edu](http://www.finanicialservices.louisiana.edu).

The following is intended to close or make changes to an existing student/department organization agency fund account with the University of Louisiana at Lafayette. The Office of the Vice President for Administration and Finance will review the request and recommend approval or denial of the requested changes.

**Note:** The University of Louisiana at Lafayette’s Internal Audit Department, the Funds Handling Compliance Accountant, or the Louisiana Legislative Auditor may conduct unannounced audits of any agency fund of the University.

|  |
| --- |
| **PLEASE PRINT** |
| Date of Request |       |  | Account # |       |
| Student Organization Name |       |
| Address |       |
| Phone | (     )       | Organization’s Date of Inception |       | Tax ID # |       |
| Website and/or Email Address |       |

1. Indicate the type of change(s) being requested for the agency fund account.

[ ]  Close Existing Agency Fund Account

[ ]  Organization / Group Name Change

[ ]  Advisor Change

[ ]  Officer(s) Change

[ ]  Authorized Signer(s) Change

[ ]  Other, please explain:

|  |
| --- |
|       |
|       |

1. Indicate the reason(s) for the requested change of the agency fund account.

|  |
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|       |
|       |
|       |

1. Complete the appropriate sections below.

**REQUESTED CHANGE(S)**

|  |  |
| --- | --- |
| **SECTION 1:** | **ORGANIZATION / GROUP NAME** |
| Current Organization / Group Name  |       |
| New Organization / Group Name |       |

|  |  |
| --- | --- |
| **SECTION 2:** | **ADVISOR** |
| Current Advisor Name |       |
| New Advisor Name |       |
| New Advisor Phone Number |       | New Advisor Email |       |

|  |  |
| --- | --- |
| **SECTION 3:** | **OFFICER(S)** |
| \* *Individuals listed in Section 3 will have access to the agency fund account. These individuals have authority to make deposits, withdraw funds, request information, or make changes to the account. (If necessary, attach additional sheet).*  |
| **OFFICER TITLE** |       |
| Current Officer Name |       |
| New Officer Name |       | CLID |       |
| Signature |  |
| **OFFICER TITLE** |       |
| Current Officer Name |       |
| New Officer Name |       | CLID |       |
| Signature |  |
| **OFFICER TITLE** |       |
| Current Officer Name |       |
| New Officer Name |       | CLID |       |
| Signature |  |

|  |  |
| --- | --- |
| **SECTION 4:** | **ADDITIONAL AUTHORIZED SIGNER(S)** |
| \* *In addition to the officers’ listed in Section 3, individuals listed in Section 4 will also have access to the agency fund account. These individuals have authority to make deposits, withdraw funds, request information, or make changes to the account. (If necessary, attach additional sheet).* |
| Add’l Authorized Signer’s Name |       | CLID |       |
| Signature |  |
| Add’l Authorized Signer’s Name |       | CLID |       |
| Signature |  |
| Add’l Authorized Signer’s Name |       | CLID |       |
| Signature |  |

|  |  |
| --- | --- |
| **SECTION 5:** | **OTHER****(Provide current information and new desired information)** |
|       |
|       |
|       |

**ORGANIZATION / GROUP AGENCY FUND ACKNOWLEDGEMENTS**

|  |  |  |
| --- | --- | --- |
|  | *I understand that it is my responsibility to be familiar with the laws and regulations of the University of Louisiana at Lafayette and the State of Louisiana. I have read and understand the University’s* ***Agency Funds Policy*** *in its entirety and agree to adhere to all of the requirements of the policy.**The information provided within this document is accurate to the best of my knowledge and I approve the requested changes. Each signature within this document acknowledges that individual’s understanding and responsibility involved with being an officer and authorized signer on an agency fund account with the University and accepts responsibility of the said account.* |  |

APPROVALS:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **Title** |  | **Print Name** |  | **Signature** |  | **Date** |
| Requested by (Requestor): |  |       |  |  |  |       |
| Advisor |  |       |  |  |  |       |

**STUDENT ENGAGEMENT AND LEADERSHIP OFFICE USE ONLY**

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Approve** | **Deny** |
|  |  |       |  |  |  |
| Heidie E LindseyAssociate Dean of Students Director, Office of Student Engagement & Leadership |  | Date |  |  |  |

**ADMINISTRATIVE AND FINANCIAL SERVICES OFFICE USE ONLY**

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Approve** | **Deny** |
|  |  |       |  |  |  |
| Angela M Smith, CPAAssociate Comptroller II |  | Date |  |  |  |

|  |
| --- |
| All requests and supporting documentation should be submitted to: |
| Angela M. Smith, CPAAssociate Comptroller IIFinancial Services – Comptroller’s OfficeMartin Hall, Room 164337-482-1395 │ angie.smith@louisiana.eduWebsite: http://financialservices.louisiana.edu/ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DISTRIBUTION: | *Original:* |  | Financial Services – Comptroller’s Office |  |  |
|  | *Copy:*  |  | Requesting Department / Requestor |  | Office of Student Engagement and Leadership |