

WITHDRAWAL OF FUNDS

Organization Name: _____

Organization's UND Fund Number: _____

President Name: _____

Address: _____

Treasurer Name: _____

Address: _____

Advisor Name: _____

Address: _____

We request that \$_____ from our current student organization account be withdrawn to establish an off campus bank account/or to transfer to off-campus account. (circle one)

Treasurer

Date

Advisor

Date

All organizations must have this form signed and dated below to verify that the account has been reconciled and all bills have been paid.

Assistant Program Director for Student Involvement or
Program Director for Student Involvement

Date

***This form must be attached to a Voucher for the transaction to take place.**