



**INDIANA UNIVERSITY**

**OFFICE OF STUDENT ORGANIZATION ACCOUNTS**  
Bloomington

**TREASURER STATEMENT OF FINANCIAL RESPONSIBILITY**

The following resolutions were adopted by the Indiana University Board of Trustees and apply to all organizations:

*1. That all students who join together in a group to carry out any enterprises bearing the name and credit of the University, and involving the receipt and expenditure of money, shall be held responsible for the debts created by the group.*

*2. That the Student Organization Accounts (SOA) Office shall supervise the financial affairs of such organization in accordance with the laws and rules imposed by the State of Indiana upon all state institutions.*

As the designated Treasurer for the organization named below, I understand that I accept the following responsibilities:

- I am personally liable for handling of all funds in connection with my duties as Treasurer. I fully accept my share of financial responsibility for any debts, losses or errors in the accounting for income and/or expenses involved in the proper execution of my position.
- I will ensure that the SOA records are current, accurate and reflect a positive balance at all times.
- I will ensure that documentation of expenditures is provided each time a payment request is processed and approved. In addition, I will not initiate any payment requests for which I have no supporting documentation.
- I will ensure that the SOA Purchase Card is used only for purposes consistent with Indiana University and the State of Indiana laws. I understand that the Card is not valid for over \$500.00 and may not be used by any other organization.
- I will ensure that proper notification to the SOA Office is made in the case of accidental loss, theft, or misuse of the SOA Purchase Card as soon as I am aware of the situation.
- I will ensure that the SOA Purchase Card and organization account book are returned for audit as required by the SOA regulations promptly upon notification to do so.

By affixing my signature, I indicate my understanding of the responsibilities of conducting business in behalf of my organization.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**IU E-MAIL ADDRESS:** \_\_\_\_\_

**ORGANIZATION NAME:** \_\_\_\_\_

**TREASURER ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **ZIP** \_\_\_\_\_

**TREASURER PHONE #** \_\_\_\_\_

When complete please email to [iusoa@indiana.edu](mailto:iusoa@indiana.edu)