



INDIANA UNIVERSITY  
OFFICE OF STUDENT ORGANIZATION ACCOUNTS  
Bloomington

**TREASURER-ADVISOR SIGNATURE FORM**

\_\_\_\_\_  
**NAME OF ORGANIZATION**

**TREASURER'S CONTACT INFORMATION**

NAME: \_\_\_\_\_

LOCAL/DORM ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

IU E-MAIL: \_\_\_\_\_

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

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

**ADVISOR'S CONTACT INFORMATION**

NAME: \_\_\_\_\_

CAMPUS ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

IU E-MAIL: \_\_\_\_\_

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

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

By accepting the role of Treasurer/Advisor for the named student organization, I understand I am agreeing to ensure appropriate use of all organization's funds.

**NOTE:** The Advisor's signature must be obtained prior to issuance of the SOA Purchase Card and the organization's account book.