



UNIVERSITY
of ARKANSAS
AT PINE BLUFF
1873

AGENCY ACCOUNT WITHDRAWAL FORM

TO: CONTROLLER'S OFFICE DATE: _____

FROM: _____
NAME OF ORGANIZATION

CONTACT NAME: _____ PHONE: _____

STUDENT ORGANIZATION/AGENCY ACCOUNT NUMBER

AMOUNT REQUESTED: \$ _____

- LIST EXPENDITURES:
- 1 _____
 - 2 _____
 - 3 _____
 - 4 _____
 - 5 _____

MAKE PAYABLE TO: _____
PAYEE NAME

PAYEE ADDRESS

CITY STATE ZIP

AGENCY CHECKS MUST BE MAILED TO PAYEE NAMED ABOVE.

*Please attach invoice(s) and/or receipts to justify your withdrawal request.

**By signing this form, I acknowledge and certify that the funds requested above are to be used as listed above and have been duly approved by the organization.

ORGANIZATION PRESIDENT

ORGANIZATION TREASURER

ORGANIZATION ADVISOR

OFFICIAL USE ONLY	
APPROVED:	_____
	OFFICE OF STUDENT INVOLVEMENT & LEADERSHIP
APPROVED:	_____
	VICE CHANCELLOR OF STUDENT AFFAIRS
FUND CHECK:	_____
	GENERAL LEDGER STAFF