

MOLLOY STUDENT GOVERNMENT SIGNATURE SHEET

DATE: ___/___/___

ORGANIZATION NAME: _____
(Please do not abbreviate organization's name)

The names of the individuals listed below are authorized to sign Check Requests to withdraw money from the student organization's M.S.G. account. A minimum of TWO (2) signatures is required on all Check Requests before they are processed. One of these signatures should be the Advisor.

TREASURER _____
SIGNATURE

PRINT NAME _____

PHONE _____

ADDRESS _____

E-MAIL ADDRESS _____

PRESIDENT _____
SIGNATURE

PRINT NAME _____

PHONE _____

ADDRESS _____

E-MAIL ADDRESS _____

ADVISOR _____
SIGNATURE

PRINT NAME _____

PHONE _____

ADDRESS _____

E-MAIL ADDRESS _____