

GENERAL/STUDENT ORGANIZATION FUND AUTHORIZATION FORM

601 S. Martin Luther King, Jr. Drive, Blair Hall, Suite 304 *Winston-Salem, NC 27110 336-750-3151 phone * 336-750-3137 fax * wssufoundation@wssu.edu email

Fund Name as it sh	nould appear in correspondence.	
Please detail fund p	purpose, terms, conditions, and criteria for disburseme	ents.
Individual/Faculty	Advisor responsible for fund (PRINT name)	
Department/School/6	College	
Campus Address _		
Campus Phone	Campus Email	
_	: The Departmental Dean must sign for general funds. A S nt Organizations.) No faxed or scanned copies will be acce	
Print Name:	Signature:	
I	ndividual/Faculty Responsible for Fund	Date
Print Name:	Signature:	
	Dean/Student Affairs Representative	Date
Print Name:	Signature:	
	WSSU Foundation Representative	Date
	Program accounts are assessed a 7% administrati	ive fee!
	FOUNDATION USE ONLY	·
Account Name		
Account Number	Date Established	
Initial Deposit \$	······································	