

SOUTHEASTERN UNIVERSITY

REQUEST TO ESTABLISH A TEMPORARY RESTRICTED ACCOUNT

Name of Account: _____ Type of Organization/Activity: _____

Purpose of the organization/activity: _____

Name of person responsible for activity/organization: _____ SEU Address: _____
SEU Phone Number: _____

If different from above, name of person(s) authorized to request disbursements: _____

Funds deposited into account will be obtained from (i.e. registration fees): _____

Is this account being established for a specific event? Yes No
If yes, date of event: _____

At the conclusion of the event for which the account was established, indicate what should be done with any balance remaining in the account.

Provide the following information if a check is to be prepared:
Check payable to: _____

Mail check to: _____

If this agency account will remain active for an indefinite length of time, there must be a provision describing the disposition of the balance in the account if the organization or activity for which the fund was created becomes inactive or is no longer needed. Describe the policy for the disposition of the balance of the funds:

Describe additional items, conditions, or instructions for administering the temporary restricted account:

Signed: _____ Address: _____

Date: _____ Phone No. _____

Business Office Use Only

Approved By: _____ Revenue Account Number _____

Date: _____ Expense Account Number _____