

**NORTHWESTERN STATE UNIVERSITY
BANK ACCOUNT CERTIFICATION FORM
For Period Ended as of April 30, _____**

All full-time employees shall annually file with the University, this signed certified statement:

I, _____, (**Print/Type Name**):

Select One:

_____ **do not** have care, custody and/or control (signatory authority, control over receipts, deposits and/or expenditures, etc.) over any funds of Student Organizations, Clubs, Groups and other Organizations affiliated with the University.

_____ **do** have care, custody and/or control (signatory authority, control over receipts, deposits and/or expenditures, etc.) over funds of the following Student Organizations, Clubs, Groups and/or other Organizations affiliated with the University.

List Student Organization, Club, Group and/or other Organization, title of bank account, and bank name:

1. _____

2. _____

I certify that I have reported or am reporting to the University all bank accounts that are affiliated with the University for which I have fiscal responsibility.

Employee Signature Date

Campus Wide ID Number

ASSIGNMENT, APPROVALS, ROUTING

Budget Unit/Department Assigned To

Budget Unit/Department Index Code

Supervisor Date

Budget Unit Head Date

Dean Date

Vice President or President Date

From Employee to Supervisor to Budget Unit Head to Dean to applicable Vice President or President.
Approved copy to employee and Business Affairs from Vice President