This form should only be used when a RSO is allocated Student Assessment Fee money and will pay for the services using an on-campus 52 account.

FORM MUST BE APPROVED BY STUDENT ACTIVITES FINANCIAL ADVISOR BEFORE TRANSFER OF FUNDS

This form needs to be completed when a Registered Student Organization (RSO) desires to use services of a WMU department.

Purpose
1. To agree on the service to be performed and the total fee for the service (please note if fee includes taxes).
2. To verify the fund and cost center for the RSO and that RSO has adequate allocated SAF funds to pay for desired service.

Process for completing the agreement
1. University department and RSO complete the form to agree on the services before the service is provided.
2. University department faxes form to the RSO Financial Advisor at 387-2185 after both RSO & Dept have signed it.
3. RSO Financial Advisor verifies the fund and cost center, adequate funds in RSO’s account, and that the RSO was allocated SAF funds for the service.
4. RSO Financial Advisor faxes the signed form back to the University department.
5. If the fee changes, the University department must contact the RSO Financial Advisor at 387-2119 to verify adequate funds.
6. University department charges the RSO financial account after the service is provided by completing a JES.
7. The JES must be completed within 30 days of the date the service was provided or this agreement is void.

If a University department does not receive approval of this agreement from the RSO Financial Advisor prior to charging a Registered Student Organization for a service, the University department may be responsible for the charge.

Today’s Date _______________________________________________________________________________________

RSO Name _______________________________________________________________________________________

RSO Representative’s Name ______________________________________________ Position _______________________

RSO Representative’s Phone Number ___________________________ E-mail ________________________________

University Department Name _________________________________________________________________________________

Department Staff Name _____________________________________________

Department Phone Number __________________________ Dept. Fax ____________________________

RSO Event ______________________________ Date(s) of Event ______________________________

Desired Services _______________________________________________________________________________________

RSO Fund/Cost Center __52- ___________ Total Fee for Service ___________________________ Does this include taxes? Y / N

This expense will be paid using SAF Funds allocated by: WSAAC______ SCC______ GFAC______ SSG_____

RSO agrees to the following conditions when applicable:

1. RSO members and guests will comply with all state and federal laws and all University and Student Activities and Leadership Programs (SA&LP) policies and procedures during said event.
2. RSO members are solely responsible for the condition of all University facilities, equipment and property pursuant to this agreement and will pay all damages or losses to the University within 30 days of the billing date. The RSO hereby authorizes University staff to deduct the above noted fee for the service(s) contracted from the RSO’s account without further notice or the obtaining of additional signatures.

Signature of RSO Representative __________________________________________ Date _____________________

Signature of Department Staff Member __________________________________________ Date _____________________

(After signing fax to OSE RSO financial advisor at 7-2185 for approval of transfer)

Signature of RSO Financial Advisor __________________________________________ Date _____________________

(Verifies adequate funds, fund and cost center, and allocated expense and will contact department for allowance of transfer)