DATE _____

SOFO ACCOUNT APPLICATION

ACCOUNT NAME (ALIAS): _____

DESCRIPTION OF ORGANIZATION: _____

_____

PRIMARY SOURCE OF FUNDING (e.g., fundraising, dept. support): _____

_____

ACCOUNT TYPE: ☐ PERMANENT ☐ TEMPORARY (For fiscal year 2010-11; to be closed by _____)

ORGANIZATION OFFICERS:

PRESIDENT _____
(PRINTED NAME) (SIGNATURE) (DATE) (E-MAIL ADDRESS)

TREASURER _____
(PRINTED NAME) (SIGNATURE) (DATE) (E-MAIL ADDRESS)

NU ADVISOR _____
(PRINTED NAME) (SIGNATURE) (DATE)

_____
(DEPARTMENT NAME) (PHONE NUMBER) (E-MAIL ADDRESS TO BE ADDED TO SOFO LISTSERV)

A student organization must be formally recognized by the University. Recognition may be granted by any Northwestern department willing to sponsor a group of students who share a particular interest/purpose. Inherent in this recognition is the department's approval of the organization's mission and a willingness to provide assistance to the students in their fulfillment of this mission.

RECOGNIZING AUTHORITY:
The organization will be recognized by:

☐ ASG ☐ ATHLETICS ☐ RESIDENTIAL LIFE ☐ MULTICULTURAL STUDENT AFFAIRS
☐ CHAPLAIN ☐ KGSM ☐ V.P. OF STUDENT AFFAIRS ☐ ACADEMIC DEPT.
☐ OFFICE OF FRATERNITY AND SORORITY LIFE

DEAN / VP _____
(PRINTED NAME / TITLE) (SIGNATURE) (DATE)

_____
(DEPARTMENT NAME) (NU FINANCIALS DEPARTMENTAL FUND-DEPTID-[PROJECT-ACTIVITY]) (PHONE NUMBER)

-All accounts held with the Student Organization Finance Office are subject to the Policies and Procedures found in the SOFO Handbook and must be reconciled on a regular basis throughout the life of the organizations they serve. Should a group's officers decide to close its account, all line items within the account must be:

1. ***Reconciled with regard to any outstanding bills, payments, and check advances.***
2. ***Cleared of any deficits to achieve a zero balance.***
3. ***Listed in a letter of intent, documenting for SOFO, the officers' request to close the account. It must bear the signatures of the current treasurer, president, and advisor. SOFO will send confirmation emails to all interested parties.***

-Temporary Accounts must be closed by the end of the fiscal year in accordance with the items listed above. If this is not done, the account will be closed and balances (deficit/credit) will be posted to the Recognizing Department on file.
-If an account is inactive for at least three consecutive years, any remaining balance will revert to the Recognizing Department, upon determining that the organization's specific source of funding (e.g., SAFB, Residence Halls, etc.) is no longer active or viable.

----------For Office Use Only ----------

Receiving Attendant_____ Date: _____
SOFO Account No. _____SOFO Approval: _____ Date: _____

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