

## **Departmental Charge Authorization**

DATE:				_ CONTAC	CT NAME:					
CLUB O	R DEPAR	TMENT: _								
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SGA A	APPROVAL	(REQUIRED	<b>D</b> )		<b>CLUB</b> /	DEPARTM	IENT APPRO	VAL ( <mark>RE</mark> (	QUIRED)	
					CLUB OFFICER/DEPT HEAD NAME (PRINT):					
CLUB TREASURER (SIGNATURE):					CLUB OFFICENDER I READ NAME (FRINT).					
CLUB ADVISOR (SIGNATURE):					CLUB OFFICER/DEPT HEAD SIGNATURE:					
SGA CFO (SIGNATURE):					SFCB ADVISOR SIGNATURE:					
					DATE RECEIVED (IF APPLICABLE):					
BUDGET O	FFICER AI	PPROVAL:			<ul> <li>Supporting documentation is required with this form.</li> <li>Only fully completed and signed forms will be processed.</li> <li>See Departmental Charge Authorization Procedures located at DCA Procedures the Accounting Services Office website.</li> </ul>					
				_					Revised 9/1/2	