

Date Completed:

- Instructions:**
1. Complete this form All Signatures on this form must be ORIGINAL signatures (pages 1 & 2). blank form avail on [FSA website](#),
 2. Attach the detail SAF Budget Worksheet as approved by the student council,
 3. Attach the SIGNED meeting minutes showing the budget detail was approved by the student council.
- Submit all 3 documents together to FSA Business Office (Mail Stop 1219) by SAF Budget deadline** (see annual cover letter for May date).

SAF BUDGET REQUEST AND AGREEMENT FOR FISCAL YEAR: June 1, 20 thru May 31, 20

NAME OF STUDENT ORGANIZATION: _____

Officer	Print Name	Term of Office until (end date)	eMail (best way to reach you)	Phone # (best way to reach you)
President (if other Title,specify:)				
Vice President (if other Title,specify:)				
Secretary(if other Title,specify:)				
Treasurer (if other Title,specify:)				

AUTHORIZED SIGNATURE(S) FOR PAYMENT FORMS (check your Council Constitution -Bylaws ; Most have specific authorized signator requirements):

Signature	X	Signature	X
Pres Print Name	President	Treas Print Name	Treasurer
Signature	X	Signature	X
VP Print Name	Vice President	Secy Print Name	Secretary

Check One: JOINT or SINGLE SIGNATURES ARE REQUIRED FOR DISBURSEMENTS.

Other signature restrictions, if any (Often specified in Council's Constitution-Bylaws. insert any additional special instructions or signature requirements that are applicable)

**AGREEMENT Between
THE FACULTY STUDENT ASSOCIATION OF DOWNSTATE MEDICAL CENTER, INC.
And**

(Insert Name of Student Organization)

The Faculty Student Association (FSA) is allowed to receive, hold, and disburse monies as agent for recognized Student Activity Fee organizations on the SUNY Downstate Medical Center campus and is performing in accordance with the established "[Policies and Procedures for SAF and Trust and Agency \(T&A\) Accounts](#)" and the SUNY Board of Trustee "[Guidelines on Student Activity Fees](#)" documents.

In consideration thereof, the applicant above hereinafter referred to as "depositor" requests and authorizes the FSA to act as its agent for the receipt, custody, and disbursement of funds pursuant to those documents. The depositor hereby agrees to pay an administrative fee to FSA as determined annually by the FSA Board of Directors. This amount shall be deducted from the depositor's account(s) at the start of each fiscal year.

As the designated agent, FSA will endeavor to maintain accounts consistent with the purposes and within the scope and authorizations set forth by the depositor in this Budget Request. Disbursements will be processed in accordance with FSA Business Office procedures provided the appropriate signatories have executed the payment request. FSA reserves the right to refuse to pay out any funds that, in its own recognition, FSA feels are unauthorized or improper.

Depositor recognizes that FSA acts in a fiduciary capacity with T&A Accounts and insofar as depositor's account is a T&A Account, FSA assumes no liability for depositor's actions and/or agreements or commitments with any third parties. FSA assumes liability only with respect to its duties as an agent for custody and disposal of funds. Depositor agrees to hold harmless the FSA from any and all actions against it resulting from actions of depositor. In recognition thereof, this application is presented for review and certification.

Agreed and Accepted: X _____
Applicant's Main Representative Signature Date

Send (1) This form with all original signatures, (2) The Budget Worksheet (detail), and (3) the Council's SIGNED MEETING MINUTES showing their approval of this budget, to the FSA Business Office (Mail Stop 1219); A copy will be returned after certification.

DO NOT WRITE BELOW THIS LINE (FSA USE ONLY)

CERTIFICATION

Approved in accordance with the above linked documents FSA Policies and Procedures and SUNY Board of Trustee Guidelines. Certification Comments:

CERTIFIED BY _____ Date of Certification: _____
SIGNATURE