

Safekeeping Account Form

Instructions

This form can be used to request a new safekeeping account or to make changes to an existing account. Complete the request details section of the form and return to Accounts Receivable in Jardine Hall room 201, by mail to campus box 38 or by email to wsuaccountsreceivable@wichita.edu. Failure to complete this form in its entirety will delay processing.

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Request Details				
New Account	Change in Contacts			
Student Organization	Faculty/Staff Organization			
<u> </u>	u registered your organization ning a safekeeping account.		ent Involvement? No	You will
Account Name				
How will this account be us	ed?			
How will this account be fu	nded?			
Sponsor/Budget Officer				
Policies & Procedures 13.01	Ity or staff member and will be L / Deposit of Cash Receipts, re h calendar year, signing all che Reporting Services.	ecordkeepi	ng for the accoun	it, 1099
Name				
myWSU ID				
Department				
Phone				
Email				
Campus Box				

Office Contact

responsibilities listed above. This person will be responsible for working with the student representative by furnishing information on the account.
Name
myWSU ID
Department
Phone
Email
Campus Box
Student Representative (only required for student organizations)
This person will be responsible for familiarity with WSU Policy and Procedures 13.01 / Deposit of Cash Receipts, will work closely with sponsor and/or office contact regarding account, and will retrieve account statements from the office contact. Additional student representatives can be listed on a separate piece of paper.
Name
myWSU ID
Department
Phone
Email
Campus Box
Accounts Receivable Use Only
Date email sent for set up/changes
Date detail codes created
Date email sent confirming setup/updated
Fund/Org
Detail Codes

This person must be a faculty or staff member and will assist the sponsor with all