



## AUTHORIZED SIGNATURE FORM

FOR: AS BUDGET Allocations

**\*\*Please complete all forms in blue or black ink\*\***

Department or Organization Name: \_\_\_\_\_

Department or Organization Number (If known): 4 \_ \_ \_ \_

This is to certify that the persons named below have received, and agreed to comply with Associated Students Budget Language and other policies, and have been authorized to sign disbursements and requisitions from this program budget.

_____	_____	_____	_____
Print Name (Advisor)	Signature (Advisor)	Tel No.	Date

Campus Email Address: \_\_\_\_\_

**ONLY this advisor signature will be recognized on expenditure requests or requisitions from the program budget.**

1)	Almaas Jalal		818-669-4366	08/03/22
	_____	_____	_____	_____
	Print Name (Student)	Signature (Student)	Tel. No.	Date

Campus Email Address: almaas.jalal.622@my.csun.edu

2)	_____	_____	_____	_____
	_____	_____	_____	_____
	Print Name (Student)	Signature (Student)	Tel. No.	Date

Campus Email Address: \_\_\_\_\_

Please send monthly program activity statements to: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
(Campus e-mail address to be sent to)

\*\*\*\* PLEASE RETURN TO AS ACCOUNTING SERVICES IN USU SW100\*\*\*\*  
Check out our website at [www.csunas.org](http://www.csunas.org) or contact us at (818) 677 – 2389.