

**NORTHWESTERN STATE UNIVERSITY
BANK ACCOUNT CERTIFICATION
For Period Ended as of April 30, 20 ____**

All full-time employees shall annually file with the University, this signed certified statement:

I, _____ (Print/Type Name) disclose the following bank accounts for which I have the care and/or control of any funds of Student Organizations, Clubs, Groups and other Organizations affiliated with the University.

(If none, enter **NONE**. List title of bank account and bank name).

1. _____

2. _____

3. _____

4. _____

Furthermore, I certify that:

I do not have care, custody and/or control (signatory authority, control over receipts, deposits and/or expenditures, etc.) Over any funds of Student Organizations, Clubs, Groups and other Organizations affiliated with the University.

I have reported or am reporting to the University all bank accounts that are affiliated with the University for which I have fiscal responsibility.

Employee Signature

Date

Campus Wide ID Number

ASSIGNMENT, APPROVALS, ROUTING

Budget Unit/Department Assigned to: _____

Budget Unit/Department Organization No.: _____

Supervisor

Date

Budget Unit Head

Date

Dean

Date

Vice President or President

Date

From Employee to Supervisor to Budget Unit Head to Dean to applicable Vice President or President. Approved copy to employee and Business Affairs from Vice President.