SOUTH TEXAS COLLEGE
REQUEST TO CHANGE FINANCIAL MANAGER FOR STUDENT ORGANIZATIONS

Instructions: Please type. Provide the requested information and forward signed form to the Department of Student Activities & Wellness for approval. The Financial Manager of the student organization will be informed via e-mail when the change has been processed.

STUDENT ORGANIZATION NAME	FUND CODE	CURRENT FINANCIAL MANAGER	NEW FINANCIAL MANAGER

Justification for Financial Manager Change: _____

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_____

Information required from new financial manager:

Financial Manager Employee ID Number: _____

Financial Manager Employment Title: _____

Division/Department: _____

Division Vice President _____

Financial Manager E-mail Address: _____

Telephone Number: _____

Requested By: _____ _____
Print Name Date

New Financial Manager: _____ _____
Signature Date

_____
Director of Student Activities & Wellness (Print Name) (Signature) Date

*** Business Office Use Only ***

_____ _____ _____ _____
Processed by Business Office Date Effective Date Budget Approval