



Palo Alto College
AGENCY FUND FORM

NAME OF ORGANIZATION _____ / _____
CAMPUS

ADDRESS: _____

CITY: _____ STATE: ___ ZIP: _____ PHONE: _____

STATEMENT OF PURPOSE: _____

SOURCE OF INCOME: _____

NORMAL USE OF THE FUNDS: _____

ORGANIZATION MANAGER: _____

TITLE: _____ DEPARTMENT: _____

BUDGET MANAGER: _____

TITLE: _____ DEPARTMENT: _____

DURATION OF AGENCY: _____

DISPOSITION OF FUNDS IN CASE ORGANIZATION BECOMES DEFUNCT: _____

APPROVED BY: _____
PRESIDENT OR DEPUTY CHANCELLOR DATE

VICE-CHANCELLOR FOR FISCAL AFFAIRS DATE

ACCOUNT NUMBER: _____