



University of the Virgin Islands
Agency Fund
Signature Card

Account Name: _____ Date: _____

Account Number: _____

Campus: St. Croix St. Thomas

Authorized Signatures:	Print name	Sign Name
President:	_____	_____
Vice President:	_____	_____
Treasurer:	_____	_____

The Signature of the Advisor, President or Vice President and Treasurer are required on all requisitions in addition to the Student Activities Supervisor.

AUTHORIZED:
Club Advisor: _____
Student Activities Supervisor _____