



GUILD DEPARTMENT EXECUTIVE REGISTRATION FORM

DEPARTMENT NAME

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PLEASE FILL THIS FORM WITH ALL THE EXECUTIVE MEMBERS OF YOUR DEPARTMENT, SUBSIDIARY COUNCIL, AND/OR ETC. PLEASE NOTE THAT ALL NAMES ON THIS LIST WILL BE AUTHORISED TO SIGN FOR FINANCIAL TRANSACTIONS REGARDING YOUR DEPARTMENT, SUBSIDIARY COUNCIL AND/OR ETC. THIS INCLUDES BUT IS NOT LIMITED TO AUTHORISING REIMBURSEMENTS, REQUESTING FINANCIAL REPORTS, AUTHORISING PAYMENTS, AND REQUESTING DETAILS REGARDING FINANCIAL TRANSACTIONS. PLEASE DO NOT INCLUDE THE NAMES OF ANY INDIVIDUALS WHO ARE NOT AUTHORISED TO SIGN FOR ANY OF THE ABOVE.

FULL NAME

POSITION

STUDENT ID

PHONE

	SIGNATURE

FULL NAME

POSITION

STUDENT ID

PHONE

	SIGNATURE

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PLEASE NOTE BELOW ANY COMMENTS, EXCEPTIONS, RESTRICTIONS, ADDITIONAL RIGHTS OR ANY OTHER INFORMATION REGARDING THE INDIVIDUALS ON THIS FORM.

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THIS FORM MUST BE APPROVED AND SIGNED OFF BY THE GUILD PRESIDENT

FULL NAME		
POSITION		
DATE		SIGNATURE
PHONE		

OFFICE USE ONLY

RECEIVED	PROCESSED	ADDITIONAL NOTES