

Student Media Marketing Authorization Form

Student Organization: _____

Contact Name: _____ **Phone:** _____

Contact Email: _____

Type of Advertising: _____

Date of Ad: _____

Estimated Expense: _____

Method of Payment: **DIRECT BILL** **-or-** **CASH/CHECK**

Direct Bill Fund #: _____

Max. Authorized Amt: _____ **Initial:** _____

I understand and agree to take responsibility for charges associated with any order placed on behalf of the above referenced student organization. This authorization may be used to clear any unpaid invoices through the sponsoring student organization's on-campus account up to the maximum authorized amount listed above. Any balance remaining will be the personal responsibility of the sponsoring student organization.

Organizational Representative: _____

Divisional Representative: _____

Organizational Advisor: _____

SAFC Business Manager: _____