California State University, San Bernardino Student Organization On-Campus Banking Exemption Request		
NATIONAL ORGANIZATION:		
CHAPTER DESIGNATION:		
OFFICER SUBMITTING THE REQUEST:		
Position:		
CSUSB Email:@	coyote.csusb.edu PHONE NU	MBER:
CURRENT BANKING INSTITUTION:		
A recognized student organization may be granted exemption from banking on campus when the following conditions have been met.		
□ The recognized student organization operates as an extension of a parent national organization;		
☐ The recognized student organization pays quarterly and/or annual fees to maintain affiliation with the parent organization;		
The recognized student organization is incorporated and received recognition by the Internal Revenue Service as a tax-exempt 501 (c) organization;		
☐ The recognized student organization or the parent organization of their behalf filed a Form 990 with the Internal Revenue Service to maintain 501(c) in previous fiscal year;		
□ The recognized student organization maintains insurance that will cover verifiable loss(es) of the organization.		
If the exemption is granted, then these conditions must be proven on an annual basis to retain the exemption. Proof of your 501(c) tax-exemption recognition and Form 990 submission must be attached to this request. <u>RECOGNITION OF BANKING POLICY</u> In accordance with CSU policy all recognized student organizations must bank on campus unless exemption is granted. Exemption will be granted on an annual basis at the discretion of the Office of Student Engagementn Director. Organizations receiving an exemption to bank off-campus are not permitted to use any CSUSB tax identification number. CSUSB will not monitor, manage or keep records for any student organization that maintains an off campus bank account; nor will CSUSB be responsible for any losses to the organization. CSUSB encourages the use of good accounting practices which includes an annual audit of funds conducted by a third party.		
SIGNATURE OF PRESIDENT	NAME (PLEASE PRINT)	DATE
SIGNATURE OF TREASURER	NAME (PLEASE PRINT)	<b>—</b> ———————————————————————————————————
SIGNATURE OF ADVISOR	NAME (PLEASE PRINT)	DATE
OFFICE OF STUDENT ENGAGEMENT APPROVAL	DATE	