



Zewail City of Science and Technology

Student Affairs

FINANCIAL RESPONSIBILITY FORM

ORGANIZATION NAME DATE

STUDENT NAME ID#

POSTION

EVENT NAME DATE

TYPE OF RESPONSIBILITY (Check All Applicable) ANY CASH NOT ALLOWED

Cash Advance/ Payment / Refund Amount

Will settle by in official tax receipts on:

TICKET BOOKLETS FORM # TO #

With total Value of LE.

SPONSOR CONTRACT NAME OF SPONSOR

CONTRACT #

CONTRACT AMOUNT LE.

RESPONSIBILITY STATEMENT

I, the understand, agree to abide by the university policies and regulations outlined in the university regulations for student leader handbook. I understand that the OSA will notify me in the event I fail to meet eligibility requirements. I agree to be held responsible for any debts of the event which are the result of my not acting in a reasonable manner in respect to the responsibility assigned to me as detailed above, while I hold my position. I understand that I continue to have the responsibility described above until I settle all what is required by the OSA by official tax receipts, in which case I will receive a Responsibility release form from the OSA. Any unsettled amounts will be charged directly to my personal student account.

STUDENT SIGNATURE DATE

E-MAIL ID #

PHONE NUMBER