***NOSMSC Attestation Form for Withdrawal of External Funding***

In accordance with the NOSMSC Comprehensive Financial Policy regarding the use of external funding by interest groups of the NOSMSC, the following is attested to:

I ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, signing authority for the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(interest group name*) have requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be withdrawn from the NOSMSC bank account and be accounted for as part of the external funding provided to this interest group. Please provide this funding to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of person to be reimbursed and email address*). I acknowledge that as the signing authority for this interest group, I bear full financial responsibility for the utilization of this external funding and that the NOSMSC bank account serves only as a repository for this external funding and is not accountable for the proper utilization of these external funds.

The Vice President of Finance will account for this withdrawal in the financial database and deduct the requested amount from the remaining amount of external funding available to this interest group. No receipts are provided for this expense, as it is a deduction from the external funding provided to this interest group and not part of the general funding of the NOSMSC provided to this interest group.

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Signature of Signing Authority Signature of NOSMSC VP Finance

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Date Date

*For NOSMSC Internal Use*

Expense Number: