University of Connecticut  
Department of Student Activities Business Office  
Student Organizations Fund

Drop-Off Check Request Form

**Check Drop-Off**
Org ID #: __________

Organization Name (in full): ______________________________________________________

Phone Number: (______)  ____________________________  Number of Checks: __________

Print Name:  ________________________________________________________________

Signature:  ________________________________________________________________

You will be contacted at the phone number provided above when the checks are available to be picked up.

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**For SABO Use Only**

Date: ____________________________  Time: ____________________________ am/pm

**Verify the following:**

☐ Signatures  ☐ Correction(s) Initialed  ☐ Description is Specific

☐ No Restrictions  ☐ Funds Available  ☐ Accurate Account Codes  ☐ Legible Writing

☐ Transmittal – legibly write names of all payees below or type them in a Word document and attach to this form.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Request accepted by: __________  

*(Checks must be completed by 3:00 pm the next business day.)*

Checks completed by: __________  Date & Time: ____________________________  Notes: ____________________________

Org. notified by: ____________  Date & Time: ____________________________  Notes: ____________________________

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**Check Pick Up** – to be completed by Organization member

Print Name: ____________________________  Signature: ____________________________  Date: __________