University of Connecticut  
Student Activities Business Programs, Services and Initiatives  
Student Organizations Fund

Drop-Off Disbursement Request Form

**Disbursement Request Drop-Off**  
Org ID #: ______________

Organization Name (in full): __________________________________________________________

Phone Number: (______) ___________________________________ Number of Disbursements: __________

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 Office 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: ____________

Business Services - White Copy  
Organization - Yellow Copy

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