

**UNIVERSITY OF CONNECTICUT  
SCHOOL OF SOCIAL WORK  
STUDENT ORGANIZATION EXPENDITURE REQUEST**

Date of Request: \_\_\_\_\_

Name of Person Making Request: \_\_\_\_\_

Name of Organization/Concentration: \_\_\_\_\_

Description of Request: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Date of Event: \_\_\_\_\_

**ARE YOU SEEKING:**

\_\_\_\_\_ **Direct payment to a vendor**

\_\_\_\_\_ **Personal Reimbursement**

Name of Vendor: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

**PLEASE ATTACH APPROPRIATE BACKUP MATERIALS, AND RETURN  
COMPLETED FORM TO BRUCE PARKHURST, ROOM 112, AT LEAST TWO  
WEEKS PRIOR TO THE EVENT. OTHERWISE YOUR REQUEST MAY NOT BE  
APPROVED.**

**STUDENT ORGANIZATION STEERING COMMITTEE ACTION**

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Rejected: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_

**FUNDS REQUESTED FROM:**

\_\_\_\_\_ **Student Activity Checkbook** \$ \_\_\_\_\_ **Date Paid:** \_\_\_\_\_ **Check #** \_\_\_\_\_

\_\_\_\_\_ **Student Org. University Acct.** \$ \_\_\_\_\_

**APPROVAL OF EXPENDITURES**

Dean's Signature: \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

**The paperwork will not be processed without the Dean's signature.**