

The University of Connecticut
Department of Student Activities
Business Office - Student Organizations Fund
Accounting Contract
Fiscal Year 2009-2010

Organization Name: _____

Organization ID: _____

We the undersigned, as duly authorized representatives of the above mentioned student organization, do hereby request to have an account with the Business Office, Student Organizations Fund, for a period of one academic year. We understand that all financial activity, including but not limited to cash receipts and disbursements, for our organization will be channeled through the Department of Student Activities, Business Office. We further understand that an audit of our financial activities will be performed annually without cost to our organization. We in turn pledge to keep proper accounting records for our organization in the form prescribed by the University, and that these records will be made available for audit as required. In the event the organization ceases operations and/or does not renew its contract within six (6) months or does not remove its funds before such time, the organization authorizes the Business Office to disburse any remaining funds to the designated beneficiary. The Business Office reserves the right to decline or suspend services to an organization if the organization fails to comply or if services conflict with State or University policies and procedures. Additionally, the organization authorizes the Business Office to disperse funds for outstanding debts incurred by the organization should the organization cease operations.

Provided below is the complete name and mailing address of the beneficiary as stated in the organization's constitution or on a Beneficiary Designation form with the Business Office. Please update information if incorrect.

Name of Beneficiary: _____

Beneficiary Address: _____

City

State

Zip Code

_____/_____/_____
Signature of the Chief Financial Officer (Treasurer) *Date*

Printed Name

_____/_____/_____
Signature of the Chief Organization Officer (President) *Date*

Printed Name

_____/_____/_____
Signature of Full-Time Faculty Advisor/Hall Director *Date*

Printed Name: _____ *Unit:* _____ *Phone:* _____

Approved by Business Office: _____ Date: _____