Registered Organization treasurers and presidents may inquire about their group’s account activity/balance by completing this form and submitting it to the Student Organization Complex, Illini Union, Room 280. Due to the high volume of requests, they will not be processed immediately, but will be available for pick up by 3:00pm on the following business day (not including days that classes are not in session).

The organization treasurer may receive any account activity for the organization to which they are the registered treasurer, only after they have attended the mandatory treasurer workshop. The Office of Registered Organizations will disclose only the account balance to the president. Further, the fund account number is only available and disclosed to the treasurer if s/he has attended the mandatory treasurer workshop. (If no workshop was attended, no account number will be provided and only the account balance will be provided.) Staff will not write account number on this form.

To submit and to pick-up this form (after processing), the requesting president or treasurer will need to present their University of Illinois I-Card to the RSO office staff. Only the requesting officer named below may pick-up this form after it is processed.

Registered Organization: __________________________________________________________

Registered Organization Account: 1 – 90 ____ _____ _____ ____ (RSO staff will not write account number on this form.)

Note: *Account Transaction Spreadsheets will not be processed without the account number being provided by treasurer.

Name of Requesting Organization Officer: __________________________________________________

University of Illinois Identification Number (UIN): _________________________________

E-mail Address: ____________________________@illinois.edu

Officer Type: ☐ President ☐ Treasurer

*All Account Information Request forms will include the organization’s account balance: $ __________________________

TREASURER MAY REQUEST THE FOLLOWING:

☐ *Account Transaction Spreadsheet – Month(s) Requested: __________________________

☐ Inquiry Regarding a Specific Transaction (We will print the transaction sheet showing the transaction requested below.)

Approximate Date of Transaction: ___________ Amount of the transaction: ___________

Payment made to/ from whom? _______________________________________________________

FOR OFFICE USE: ☐ no, transaction not posted

FOR OFFICE USE ONLY

Organization registered in Collegiate Link? (group must have a pres & a treas in Officer box) ________ (IF NOT, DO NOT ACCEPT THIS FORM)

Treasurer’s Workshop: (circle one) YES NO If president is requesting balance, skip this….not needed!

INTAKE of FORMS

Date Received: __________________

Staff Member: __________________

PROCESSING of FORMS

Date Processed: __________________

Staff Member: __________________