

**UC – GSGA – GSGA Group Grant Claims Form**  
683 SSLC – ML 0193 – Ph: (513)556-6101

This is a *fill-in* PDF document. Please type in ALL details before submitting this form. **DO NOT HAND WRITE.**

Please read all group grant guidelines at <http://www.uc.edu/gsga> prior to submission.

Name of GSA: \_\_\_\_\_

Name of Event/Activity: \_\_\_\_\_

Date of Event/Activity, if applicable: \_\_\_\_\_

Total Amount Approved by GSGA: \_\_\_\_\_

Academic Quarter of Award Approval: \_\_\_\_\_

Date of Approval Email from GSGA (Attach printout of email with this form): \_\_\_\_\_

Name of Payee (Who is getting reimbursed?): \_\_\_\_\_

Person submitting this form: \_\_\_\_\_

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

Total amount claimed now: \_\_\_\_\_

Date of submission of this form: \_\_\_\_\_

Describe list of expenses, totaling to the amount above, in the box below. Provide original receipts for all expenses.