

# UC – GSGA – Group Budget Claims Application

683 SSLC – ML 0193 – Ph: (513)556-6101

This is a *fill-in* PDF document. Please type in all details before printing this form. **Hand written forms will be penalized 10% of total award.** Please read all guidelines at <http://www.uc.edu/gsga> prior to submission.

Name of the GSA \*j wr <ly y 0ve0f wli ui cIO go dgtuNkvj vo n#: \_\_\_\_\_

Date(s) of the Event : \_\_\_\_\_

Were all GSA members informed of this event ? \_\_\_\_\_ YES \_\_\_\_\_ NO. If Yes, Date : \_\_\_\_\_

Description of the Event : \_\_\_\_\_

Approximate attendance at the event : \_\_\_\_\_

GSA President Name : \_\_\_\_\_ Signature : \_\_\_\_\_

GSA Vice-President Name : \_\_\_\_\_ Signature : \_\_\_\_\_

GSA Treasurer Name : \_\_\_\_\_ Signature : \_\_\_\_\_

One Contact Phone Number : \_\_\_\_\_ Email Address : \_\_\_\_\_

## LIST OF EXPENSES / RECEIPTS

Please number all receipts in the order specified below. Highlight your name and dollar amounts in ALL the receipts submitted. Provide as much explanation as necessary to avoid processing delays. **Alcohol and Electronic purchases will not be reimbursed by GSGA.** We reserve the right to solicit clarifications for expenses.

	Type of Expense	Amount	Comments
1			
2			
3			
4			
5			
6			
7			
8			
<b>TOTAL</b>			