

UC Graduate Student Government 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 (<http://www.uc.edu/gsga/MembersList.html>): _____

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 GSG** . We reserve the right to solicit clarifications for expenses.

	Type of Expense	Amount	Comments
1			
2			
3			
4			
5			
6			
7			
8			
TOTAL			