



Reimbursement Request

Name: _____

Email: _____

Organization (if applicable): _____

Event: _____

Date of Event: _____

Attendance: Anticipated: _____ Actual: _____

Successes: _____

Shortcomings: _____

Do you intend to repeat this event? yes no maybe

How did you advertise?

flyers gscnews weekly announcements display other: _____

Amount requested: _____

Funding Type:

Quickfunding

Club Funding

BoD added expense (you requested funding at a meeting)

BoD. Committee name: _____

1.

Write check to: _____

MC: _____

OR

2.

Account number to deposit funds : _____

Please return your **receipts** with this completed form in an envelope to the GSC office (348 CSS building) or GSC Treasurer, MC 348-87. Requests will **not be honored more than 60 days** of the event. Reimbursements will be paid out on the 1st and 15th.