Reimbursement Request

Please drop off your original receipts with this completed form (1 form per event) in an envelope at the GSC office (Rm 348, Center for Student Services (CSS)) or mail it to:

GSC Treasurer
MC 348-87

Requests will not be honored more than 30 days after the event.

Name: ______________________
Email: ______________________
Organization (if applicable): ______________________
Amount requested: ______________________

Funding Type:
☐ Event Funding
☐ Quick Funding
☐ Club Funding
☐ GSC Committee
  ☐ Advocacy
  ☐ Academics
  ☐ Social
  ☐ Publications
  ☐ Athletics
  ☐ Sustainability
  ☐ Initiatives
  ☐ URS
☐ Others: ______________________

Write check to: ______________________ MC: ____________

Event: ______________________
Date of Event: ______________________

Attendance: Anticipated: ________  Actual: ________

How did you advertise?
☐ GSC Facebook  ☐ GSC Weekly Announcements  ☐ Flyers  ☐ Other: ______________________

Leave blank  Check # ________  Date ________________