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## DEPARTMENTAL ALLOCATION FORM 20\_\_\_\_-20\_\_\_\_

Department:		Date:		
Senator's name (printed)				
Senator's e-mail:		Senator's phone Number:		
Total number of graduate students in your department (Full-time & Part-time)				
Total GSO Departmental	Allocation being requested	(up to maximum allotted based on th	ne number of graduate students	
within your department, a	as stated on the Budget. Plea	ase see the chart on the next page):		
Please provide a descripti	ion of what the funds were u	sed to purchase and original receipts	s in order to receive reimbursement.	
students from your Depar	rtment, whichever is less. H tudents provided above and	umber of the graduate students from ave your program director/program at the names provided below are correct	administrative assistant verify both	
hereby request that our st	udent activity fee money all	esenting the Department of ocated by GSO be used in the above of this form being designated custod	manner and that	
	PLEASE, PRINT	YOUR NAME CLEARLY:		
NAME	ID#	SIGNATURE	EMAIL	

(Please, attach additional sheets as needed)

E-mail: officemanager@sbgso.org

Please note that as of 2011-2012, Departmental Allocations are only issued after the funds have been spent, thus in order to receive your allocation, you must provide original receipts for the item(s) purchased.

Departmental Allocations are provided to enhance a sense of community within each department. Each department shall be allocated based on the following rates:

Number of	Allocation
Students in	
Department	
0-10	\$30
11-30	\$100
31-50	\$160
51-75	\$220
76-100	\$300
101-150	\$350
151-200	\$420
201+	\$500