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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	l Allocation being requested	(up to maximum allotted based on the	ne number of graduate students
within your department,	as stated on the Budget. Ple	ease see the chart on the next page):	
Please provide a descript	tion of what the funds were u	used to purchase and original receipts	s in order to receive reimbursement.
Please provide signatures	s equal to 30% of the total n	umber of the graduate students from	your Department or 50 graduate
students from your Depa	rtment, whichever is less. It students provided above and	lave your program director/program the names provided below are correct	administrative assistant verify both
hereby request that our st	tudent activity fee money all	resenting the Department of located by GSO be used in the above of this form being designated custoo	manner and that
	PLEASE, PRINT	Γ YOUR NAME CLEARLY:	
NAME	ID#	SIGNATURE	EMAIL

(Please, attach additional sheets as needed)