**Departmental Allocations Application**

GRADUATE AND PROFESSIONAL STUDENT SENATE

FINANCE & BUDGET COMMITTEE

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| --- | --- |
| **Total Amount Requested from GPSS** |  |

**REQUIRED:**

Attach evidence for all cost estimates in PDF format such as vendor prices and quotes.

**Department and Request Information**

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| --- | --- | --- | --- |
| Department Name |        | Size (# of Graduate Students) |       |
| Senator Name |       | Senator Email |       |
| Budget Coordinator Name |       | Budget Coordinator Email |       |
| Budget Coordinator Phone |       | Budget Number |       |

1. Please briefly describe your Departmental Allocations request.

2. If you request is for a capital purchase, where will this item be stored?

3. How did your department determine what students need/want?

4.Has your RSO received GPSS funding in the past three years? [ ]  YES [ ]  NO

 If YES, when and for what amount? How were those funds used? Please be as specific as possible.

5. If GPSS does not fully fund your request, how will you proceed with your expenditures?

**Budget**

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| --- | --- | --- | --- |
| **Item/Expense Description** | **Cost** | **Item/Expense Description** | **Cost** |
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**Funding Sources**

Please list all funding sources from whom you have requested or plan to request funding for this expenditure.

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| --- | --- | --- | --- |
| **Sponsor** | **Requested** | **Sponsor** | **Requested** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Conditions of Funding**

*Please read each condition and check the corresponding box to affirm your agreement.*

By accepting funding from GPSS our Department agrees to:

|  |  |
| --- | --- |
| Place GPSS sticker on capital items | [ ]  |
| Send photos of capitol items and/or retreats to GPSS | [ ]  |

**[For Official Use Only]**

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| --- | --- | --- |
| **Date Received** | **Amount Approved** | **Date Approved** |
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 GPSS Treasurer Signature Date

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Advisor Signature Date

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 Project Code