



# Special Allocation Request Form

University of Connecticut Graduate Student Senate

Phone: (860) 486-3907  
Fax: (860) 486-0203  
Email: gssuconn@gmail.com

Student Union, Room 213  
2110 Hillside Road, U-3061  
Storrs, CT 06269-3008

www.gss.uconn.edu

For Office Use Only:



Approved



Not Approved

GSS Executive  
Committee Meeting: 9 / 30 / 19

GSS Meeting: 10 / 2 / 19

Proposition #: \_\_\_\_\_

Organization: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is your organization a fully registered and active Tier II organization with the Student Activities Office? Yes  
No

Name of Proposed Event: \_\_\_\_\_

Date(s) of Proposed Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Please describe the event **and** provide an estimate of the anticipated number of total and graduate student attendees:

How do you plan on advertising your event to the graduate student body? (select all that apply)

Graduate student listserv

Facebook

Other email/distribution lists

Please describe: \_\_\_\_\_

Flyers around campus

Announcements

Other

Please describe: \_\_\_\_\_

Please list any contributors to the event (note their financial contributions on the back under the "Revenues" section):

\_\_\_\_\_  
\_\_\_\_\_

	<i>Expense category</i>	<i>Expense Code</i>	<b>Requested:</b>	<b>Allocated: (GSS use only)</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
		<b>Total Expenses:</b>		