



Request Form

University of Connecticut Graduate Student Senate

Phone: (860) 486-3907

Student Union, Room 213
2110 Hillside Road, U-3061

Email: gsstreasurer@uconn.edu

www.gss.uconn.edu

In order for the GSS Office to process this payment request, the submitter **must** include the appropriate information for **numbered items (1)/(9) on Page 1 and at least one numbered item on Page 2**. Payment requests and all supporting materials must be submitted to the GSS Office **within 30 days of the date of the expense**.

Organization Information

- (1) Organization Name: _____
- (2) Contact Person: _____
- (3) Phone and/or Email Address: _____
- (4) Date Submitted to GSS: _____

Event Information

- (5) Name of Event: _____
- (6) Date(s) of Event: _____
- (7) Number of graduate attendees: _____
- (8) Number of total attendees: _____

(9) Method of Advertising - Required*

(select all that apply)

- | | | | |
|-------------------------------------|--------------------------|----------------------|--------------------------|
| * Graduate student listserv/ digest | <input type="checkbox"/> | Flyers around campus | <input type="checkbox"/> |
| Other email distribution list(s) | <input type="checkbox"/> | Announcements | <input type="checkbox"/> |
| Other electronic (Facebook, etc.) | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Description of "Other": _____

(10) Comments

*This form may **NOT** be used to request payment for travel, honoraria without additional documentation (as appropriate for that specific type of reimbursement).*

In order for GSS to process this payment request, either a valid email address or phone number must be listed for each payee. Additionally, an **original copy** of each expense receipt/bill/invoice must be submitted, along with other documentation as appropriate (copy of credit card, copy of bank statement, canceled check, etc.).

*As of January 2016 the GSS requires that an **attendance list** is provided with all reimbursements, this can either be handwritten or collected via OneCard Reader. If handwritten, it the GSS template must be used.

Payee	Email Address	Phone Number	Expense Code	Amount

Total amount of reimbursement request: _____

Check Disbursement

- Allow two weeks for check disbursement. Incomplete reimbursement requests will delay the issuing of checks.
- Payees will be notified by phone and/or email when checks are ready to be picked up from the GSS Office.
- A payee may send someone to pick up a check on his or her behalf.
- For your convenience, checks under \$100 in value may be cashed directly at the Student Activities Business Services (Student Union, Room 314) during business hours with a valid UConn student or government ID card.