$\wedge$		For Office Use Only:				
CRUTERENT OF CONFECTION	Special Allocation Request Form University of Connecticut Graduate Student Senate		Approved Not Approved			
	Phone: (860) 486-3907 Fax: (860) 486-0203 Email: gssuconn@gmail.com www.gss.ucc	Storrs, CT 06269-3008	GSS Executive    Committee Meeting:  11 / 26 / 2019    GSS Meeting:  12 / 4 / 2019    Proposition #:			
Organization:	Date Submitted:					
Contact Person:						
Phone:		Email Address:				
Is your organizatio	on a fully registered and active Ti	er II organization with the Stud	ent Activities Office? Yes No			
Name of Proposed	Event:					
Date(s) of Propose	ed Event:					
	:					
Please describe the	e event <i>and</i> provide an estimate o	of the anticipated number of tota	l and graduate student attendees:			

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

Graduate student listserv	Flyers around campus	
Facebook	Announcements	
Other email/distribution lists	Other	
Please describe:	Please describe:	

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

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