



Special Allocation Request Form

University of Connecticut Graduate Student Senate

Phone: (860) 486-3907
Email: gssstreasurer@uconn.edu

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: 3 / 2 / 2020

GSS Meeting: 3 / 4 / 2020

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) - * is required

*Graduate student listserv/ Digest

Facebook

Other email/distribution lists

Please describe: _____

Flyers around campus

Announcements

Other

Please describe: _____

| | <i>Expense category</i> | <i>Expense Code</i> | Requested: | Allocated: (GSS use only) |
|-----|-------------------------|------------------------|-------------------|--------------------------------------|
| 1. | | | | |
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| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| | | Total Expenses: | | |