

Graduate Financial Allocation Committee (GFAC)
Operational Funds and/or Event/Project Funds Request Form

Please read GFAC Policies prior to submitting this form.

Name of Organization: _____ Cost Center # _____

Statement Prepared by: _____
Name (Please Print) Signature

_____ Phone E-Mail

Total Budget Request

Expense Categories	Total Cost	Amount Requested from Other Allocating Bodies*	Amount Generated by Organization	Amount Requested from GSAC	Amount Allocated by GSAC
Operational Expenses					
Event/Project Expenses					
Total Expenses					

Operational Funds (Annually)

Expense Categories	Total Cost	Amount Requested from Other Allocating Bodies*	Amount Generated by Organization	Amount Requested from GSAC	Amount Allocated by GSAC
Office Expenses					
Office Supplies					
Photocopying					
Postage					
Advertising					
Meeting Expenses					
Food/Beverages					
Rentals					
Other Expenses**					
Total Expenses					

