**Graduate and Professional Student Senate Allocation Request**

**SPRING ALLOCATION 2017**

**DUE 5:00 pm February 24, 2017**

**\*\*Please use Word to complete this application.**

**Name of Organization:**

**Number of Graduate Members in Organization:**

Does your organization consist entirely of Graduate and/or Professional Students? **YES or NO**

**Chief Contact Person** (This is the only person with whom contact will be made regarding this allocation request and SHOULD BE the organization’s Treasurer.)

**Name:**

**Organization position:**

**E-mail Address:      @iastate.edu**

**Phone Number:**

***\*Email will be the primary mode of contact***

**Office Address of Organization:**

**Faculty Advisor:**

**Email Address:      @iastate.edu**

**Account to which allocated funds should be deposited**:

Name:

Account Number: 205-00-35-00-

**Affiliated GPSS Senator** (if applicable):

***Office Use Only***

# *Date: Time: Signatures: Rec’d By:*

*Completed forms are due by 5:00 pm on* ***Friday February 24, 2017.***

**By signing this allocation request, I attest to the accuracy of all information provided and I give the GPSS and its designated representative permission to access the accounts of our organization.**

**Name of Organization:**

**Club President:** **Type Full Name Date:**

**Signature:**

**Club Treasurer: Type Full Name Date:**

**Signature:**

**Faculty Advisor: Type Full Name Date:**

**Signature:**

**Name of Organization: Type name of organization HERE**

* **Please provide an itemized funding request in the space below.**
* **Please address the goals that the allocation will allow your group to achieve and explain how the funds requested will supplement the education of graduate and/or professional students.**
* **Funding needs does not have to match the amount requested. The need may show other sources of income (department/college allocation, fundraising, member dues).**
* **ALL FUNDING REQUESTS MUST BE JUSTIFIED.**

|  |  |
| --- | --- |
| **Description of Request** | **Amount Requested from GPSS per line item** |
| 1) Type a detailed description of your request  **Funding Needs:** | $ |
| 2) Type a detailed description of your request  **Funding Needs:** | $ |
| 3) Type a detailed description of your request  **Funding Needs:** | $ |
| 4) Type a detailed description of your request  **Funding Needs:** | $ |
| 5) Type a detailed description of your request  **Funding Needs:** | $ |
| 6) Type a detailed description of your request  **Funding Needs:** | $ |
| 7) Type a detailed description of your request  **Funding Needs:** | $ |
| 8) Type a detailed description of your request  **Funding Needs:** | $ |
| 9) Type a detailed description of your request  **Funding Needs:** | $ |
| 10) Type a detailed description of your request  **Funding Needs:** | $ |

**Example of a Ledger:**

**Ledger of XXX for the period October 2011 – April 2012**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Items | Details | Income | Expense | Balance |
| 10/31/2011 | GPSS Allocation |  | 710 |  | 710 |
| 11/30/2011 | Accommodation Speaker -Dr Linga ($70) | MU Hotel |  | 70 | 640 |
| 11/30/2011 | Airfare - Speaker ($250) (DSM-LAX-DSM) | Expedia |  | 237 | 403 |
| 1/18/2012 | Honorarium - Dr Linga $(250) | Dr Linga |  | 250 | 153 |
| 1/27/2012 | Seminar lunch ($100) | Hyvee catering |  | 89 | 64 |
| 2/17/2012 | Speaker Dinner ($40) | Fazoli's |  | 32 | 32 |
|  |  |  |  |  |  |
|  |  | Totals | 710 | 678 | 32 |
|  |  |  |  |  |  |
|  |  | Amount Left to Spend | 32 |  |  |

**If your organization has received GPSS funding in the past two years, please highlight those deposits in your ledger. Also, please highlight any expenses that were approved by the GPSS Finance Committee.**