

GRADUATE ORGANIZATION FUNDING/REIMBURSEMENT COVER SHEET

Graduate Student Organization Name (please do not abbreviate)			Today's Date
Name of person submitting this form	Position in Organization	Hofstra ID Number	
Hofstra Email Address		Telephone Number	
Name of person/vendor being paid (payee)		Hofstra ID / Tax ID # of person being paid (payee)	
Brief description of expenditures: (location, ticket prices if applicable)		Pride email of payee (ex. Jsmith1@pride.hofstra.edu)	
Signature (By signing you acknowledge that all attached information)	Amount Requested	Date of Event	
INDICATE ALL PAPERWORK ATTACHED TO THIS FORM			
<input type="checkbox"/> Original Receipts <input type="checkbox"/> Credit/Debit Card Statement <input type="checkbox"/> Invoice <input type="checkbox"/> Event Management <input type="checkbox"/> Event Flier <input type="checkbox"/> Contract Information/Approval <input type="checkbox"/> Applicable Contract Forms <input type="checkbox"/> Catering Form <input type="checkbox"/> Web CRD <input type="checkbox"/> Work Order <input type="checkbox"/> Off-Campus Food Approval <input type="checkbox"/> List of Attendees <input type="checkbox"/> Check Requisition			
Advisor Name		Advisor Department	
Advisor Email Address		Advisor Phone Number	
Advisor Signature (I have reviewed the information and verify that these charges are directly related to this organiz			Date
OSLE Budget Coordinator	Comments	Current Balance	Date
OSLE Administrator			Date
OSLE USE ONLY: Comments			
<input type="checkbox"/> Enter in Database <input type="checkbox"/> Send to AP <input type="checkbox"/> Send to Procurement <input type="checkbox"/> Send to DOS <input type="checkbox"/> Send to Catering <input type="checkbox"/> Send to Contract Admin <input type="checkbox"/> File			