

Graduate Student Organization Request for Funding/Reimbursement

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 event and brief description of expenditures			
Signature (By signing you acknowledge that all attached information is correct.)		Amount Requested	Date of Event
Methods of Payments			
<p>Purchase Request – attached purchase request and quote. IF quote is over \$2500 three bids must be attached.</p> <p>Check Request – attach request along with invoice or single engagement, guest lecturer or musical accompaniment contract.</p> <p>Budget Transfer – attach Hofstra University Budget Transfer Form.</p> <p>NOTE: When requesting a payment for a restaurant or the University Club, a membership list must be submitted within 10 days of your event. When holding an event at a restaurant, catering establishment or the University Club, all contacts must specify that it is a "Cash Bar". Cash advances must be cleared with ten days of your travel. Cash advances for the semester must be cleared by the last day of classes. No outside bank accounts are allowed.</p>			
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 organization's programs)			Date
OSLA Budget Coordinator	Comments	Current Balance	Date
OSLA Advisor			Date
Comments			