



# FINANCE REQUEST FORM

## GSG Representative

**Office of the:**  
Graduate Treasurer  
**Room:**  
Eppley B11  
**E-mail:**  
gsg\_exec@lists.creighton.edu

**Name of GSG Committee:** \_\_\_\_\_

**Name of Committee Representative:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Activity/Expense:** \_\_\_\_\_

**Date Expenses Occurred:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Expected Activity Date (if applicable):** \_\_\_\_\_

**Creighton Federal Acct#:** \_\_\_\_\_

**Along with this form, please submit:**

- The purpose of the requested funding
- An explanation of the activity or expense
- An itemized list of expenses that will be incurred

Before submitting this form, you must read the *GSG Funding Policies- Representative Use of GSG Funds and Guidelines for Use of GSG Funds for Graduate Student Organizations* in their entirety. They can be found at on the GSG website or you may request a copy from the GSG Treasure.

I have completely read and fully understand all GSG Funding Policies noted above. I understand that all Guidelines for Graduate Student Organizations apply to Representative Funding with the exception of deadlines stated. I understand that violation or non-compliance with GSG Funding Policies will jeopardize my group's opportunity to receive GSG funds, and I have fully disclosed any funding policies that have already been violated by my group. I am also aware of how the process works and all the relevant deadlines. I understand that I have the option to be present at the review of the request if I believe my presence will influence the decision. I will incur the approved expenses as instructed by the Graduate Treasurer.

\_\_\_\_\_  
(Signature Representative)

Please return this form and all of the required components to the GSG office in Eppley B11 at least **15 academic school days prior** to the projected date your expenses will need to be incurred. The Executive Committee operates on the university calendar and is in recess during all university breaks, and during the summer. Requests will not be reviewed when the Executive Committee is not in session.

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**Office Use Only**

**Date Due:** \_\_\_\_\_

**Form Complete with all Components:** Yes No

**Date Submitted:** \_\_\_\_\_

**Date of Decision:** \_\_\_\_\_

**Decision:** Veto Approved Denied Hold

**Approved Amount:** \$ \_\_\_\_\_

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treasurer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**President:** \_\_\_\_\_ **Date:** \_\_\_\_\_