



FUND REQUEST

Graduate Student

Office of the:
Graduate Treasurer
Room:
Eppley B11
E-mail:
gsg_exec@lists.creighton.edu

Name of Student: _____

Name of Department: _____

E-mail: _____ **Student Phone:** _____

(All contact from CSU takes place via e-mail)

Date(s) of Conference/Activity: _____ **Enrollment Status:** ___ Full-time ___ Part-time

Are you employed by Creighton in any way (including stipend recipients)? ___ Yes ___ No

Amount Requested*: _____

Along with this form, please submit:

- An **itemized** list of projected event expenses.
- A copy of your **abstract, acceptance letter and relevant work** being presented.
- Justification for request.
- Detailed information about event.
- Approval of the Dean of the Graduate School
- Approval of Program Director
- If you stayed in a hotel you **must** list its name on this form

Before submitting this form, you must read the GSG Funding Policies and procedures for Graduate Students in their entirety. You may request a copy from the Graduate Student Government Treasurer.

I have completely read and fully understand all GSG Funding Policies. I understand that violation or non-compliance with GSG Funding Policies will jeopardize my opportunity to receive CSU funds. I am also aware of how the process works and all the relevant deadlines.

(Signature of Student)

(Signature of Grad School Dean)

(Signature of Program Director)

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. GSG funding for academic related trips will not exceed half of the GSG budget minus the operational costs of the GSG. Exceptions may be considered on a case by case basis.

Office Use only

Request # _____

Date Submitted: _____

Conference End Date: _____

Date Reviewed: _____

Receipts Due: _____

Decision: **Approved** **Denied** **Hold** **Approved Amount:** \$ _____

Additional Information: _____

Treasurer: _____ **Date:** _____

President: _____ **Date:** _____