



Departmental Allocation Application

This category of funding is provided to departments to enhance the sense of communitywithin each department. Each graduate department may use their allocation for whateverpurposes their graduate students may decide, provided that the benefits of thesefundsareavailable to all graduate students of the department (*i.e.*, graduate student loungeitems,departmental event, etc.). This application can be funded in two ways: 1) throughtheGSOcredit card or 2) through reimbursements. For more information and for applicationapprovals,please contact the GSO Treasurer.

Required Documentation Checklist – Payment through GSO Credit Card:

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|----|------|-----|----|----|----|
| | | | | | |

Description of event, itemized budget table, signatures, etc.

□ Invoices

All itemized invoices for all eligible expenses. Any non-itemized receipts will not be processed. Alcohol will not be reimbursed.

■ W9 Tax Form

- For local vendors: W-9: https://www.irs.gov/pub/irs-pdf/fw9.pdf
- Fill out lines 1, 3, 5-6, SS # or employer ID.
 Sign and date.

☐ Finalized Receipts

Ask the vendor for a final receipt at the end of the transaction.

--- OR ---

Required Documentation Checklist – Payment through Reimbursement:

□ Application Form

Description of event, speaker biographies (if applicable), itemized budget table, signatures, etc.

□ Receipts

All original, itemized receipts for all eligible expenses. Any non-itemized receiptswill not be processed. Alcohol will not be reimbursed.

□ Bank Statements

Corresponding bank statements for proof of purchase of all listed expenses.
Canberedacted, but need to show name, account number (last 4 digits of credit card), and highlighted purchase dates and amounts.

■ W8/W9 Tax Form

For domestic students/speakers: W-9: https://www.irs.gov/pub/irs-pdf/fw9.pdf ○ Fill out lines 1, 3, 5-6, SS # or employer ID. Sign and date. **For international students/speakers**: W-8BEN:

https://www.irs.gov/pub/irs-pdf/fw8ben.pdf

o Fill out lines 1-4, 5 OR 6, and 8. Sign and date.





Departmental Allocation Application

| Section 1: Completed by Department's GSO Senator Department:_Date: |
|--|
| GSO <u>Senator's Name: SBU_ID</u> :_E-mail:_Phone <u>Number</u> : |
| Dates of Senate Meeting Attendance: & |

Total number of graduate students in your department (full-time & part-time): Total GSO Departmental Allocation being requested (\$1600 to \$3500 DependingonNumber of Students):

Description of the event and what the funds will be used for:

Section 2: Completed by Department Program Director/Administrative Assistant I hereby certify that the total number of students provided above and the signatures provided are current graduate students within the department.

Name:_Date:

Signature:

Job_Title/Position:

GRADUATE STUDENT ORGANIZATION 145 Student Activities Center, Stony Brook, NY 11794-2800 Tel: (631)-632-6492

Website: https://www.stonybrookgso.org/ E-mail: treasurer@sbgso.org 2UP Updated September 17, 2025





Section 3: Departmental Allocation Itemized Expenses Table

| Itemized Expenses Table | Amount |
|-------------------------|---------------|
| Food | |
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| Total Food | Expense s: |
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| Other | |
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| Total Other | |
| Grand | Total: |





Section 4: **Departmental Graduate Student Signatures** Please provide signatures equal to 30% of the total number of the graduate studentsfromyour department or 50 graduate students from your department, whichever is less.

Statement of Consent:

"We, the undersigned, representing the department of

hereby request that our student activity fee money allocated by GSO be usedintheabovemanner and that we assent to the department GSO Senator named at the topof thisformbeingdesignated custodian of said funds."

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| Name | SBU | ID # Signatu | SBUE-Mail |
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