

# ALLOCATED FUNDS USAGE FORM

GEORGIA COLLEGE & STATE UNIVERSITY STUDENT GOVERNMENT ASSOCIATION  
OFFICE OF THE TREASURER | SGA.TREASURER@GCSU.EDU

This form must be completed in full, accompanied by original itemized receipts and submitted to the SGA Treasurer's office within ten (10) business days after the final day of the event or within five (5) business days upon receipt of invoice or estimate, whichever is applicable.

*Please Print or Type*

## **BILL INFORMATION**

Bill Number: \_\_\_\_\_ Amount Allocated: \_\_\_\_\_

Recognized Student Organization: \_\_\_\_\_

Senator Sponsor: \_\_\_\_\_ Final Vote on Bill: \_\_\_\_\_  
Yea      Nay      Abstain

## **USAGE DETAILS**

*NOTE: If you are awarding a prize with the funds allocated to your organization, you will need to complete a separate prize form available from the Department of Campus Life or SGA Treasurer. All receipts must be itemized.*

### **Event Usage (10 Day Deadline)**

Name of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Start: \_\_\_\_\_

Event End: \_\_\_\_\_

### **Non-Event Usage (5 Day Deadline)**

Please Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Invoice/Estimate Date: \_\_\_\_\_

## **PAYMENT DETAILS**

*NOTE: The Student Government Association allocates bill money on a reimbursement, invoice, or purchase order basis only. No money will be compensated in advance.*

### **Personal/Organizational Reimbursement**

*All original itemized receipts are required for reimbursement.*

Name: \_\_\_\_\_

SSN or TIN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Direct Payment/Purchase Order**

*Provide additional information separately as needed.*

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## **OATH OF ACCURACY**

I, \_\_\_\_\_, state and attest that the information contained herein  
*Name and Title*  
is correct and accurate to my knowledge, and I have attached original itemized receipts for documentation.

*Office Use Only*

Date Received: \_\_\_\_\_

Total as Processed: \_\_\_\_\_

Bill Number: \_\_\_\_\_  
Recognized Student Organization: \_\_\_\_\_

Final Vote on Bill: \_\_\_\_\_

Total as Processed: \_\_\_\_\_  
Amount Allocated: \_\_\_\_\_