



## Departmental Allocation Application

This category of funding is provided to departments to enhance the sense of community within each department. Each graduate department may use their allocation for whatever purposes their graduate students may decide, provided that the benefits of these funds are available to all graduate students of the department (*i.e.*, graduate student lounge items, departmental event, etc.). This application can be funded in two ways: 1) through the GSO credit card or 2) through reimbursements. For more information and for application approvals, please contact the GSO Treasurer.

### Required Documentation Checklist – Payment through GSO Credit Card:

#### Application Form

- 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.

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### 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 receipts will not be processed. Alcohol will not be reimbursed.

#### Bank Statements

- Corresponding bank statements for proof of purchase of all listed expenses. Can be redacted, 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>
  - 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 Senator's Name: \_\_\_\_\_ SBU ID: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of Senate Meeting Attendance: \_\_\_\_\_ & \_\_\_\_\_

Total number of graduate students in your department (full-time & part-time): \_\_\_\_\_

Total GSO Departmental Allocation being requested (up to \$1,600): \_\_\_\_\_

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](mailto:treasurer@sbgso.org)  
Updated September 1st, 2023





### **Section 4: Departmental Graduate Student Signatures**

Please provide signatures equal to 30% of the total number of the graduate students from your 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 used in the above manner and that we assent to the department GSO Senator named at the top of this form being designated custodian of said funds."

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Name	SBU ID #	Signature	SBU E-Mail
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Name	SBU ID #	Signature	SBU E-Mail
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