



NYU

**GRADUATE SCHOOL
OF ARTS & SCIENCE**

Organizational Student Life Grant (OSLG)
2018-2019 Academic Year
Individual Request for Reimbursement for OSLG Events

Submission Date: _____
Organization Name: _____
Organization Officer Name: _____
Department Admin Name: _____
Department Admin Signature: _____
Collaborators/Co-Sponsors (if any): _____

Program Type (check all that apply):

- Social Event/Mixer
- Academic Event
- Performance
- Community Service
- Professional Development
- Conference/ Co-Sponsorship
- Student Journal
- Meeting
- Other: _____

Event Title: _____
Date and Time: _____
Venue(s): _____
Description of Event:

NOTE: Please scan and attach along with a total and itemized receipt (if applicable), credit card or other proof of payment (properly redacted), event program or advertisement used to publicize the event, list of students in attendance (first and last names), and any other documents that would help to further explain your rationale for your reimbursement request.

Budget (please be as detailed as possible):

Expense Category	Description	Amount
Food		
Beverages		
Alcoholic Beverages		
Supplies		
Marketing & Publicity Materials		
Printing & Stationary		
Decorations		
Other:		

TOTAL: _____

For questions or concerns, please contact:

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