Graduate School of Arts and Science
Organizational Student Life Grant (OSLG)
2015-2016 Academic Year
Individual Request for Reimbursement for OSLG Events

(Please Print Clearly)

Submission Date: ________________________________

Organization Name: ________________________________

Organization Officer Name: ________________________________

Department Admin Name: ________________________________

Department Admin Signature: ________________________________

Collaborators/Co-Sponsors (if any):

________________________________________________________________________

Event Title: ____________________________________________

Date and Time: _________________________________________

Venue(s): ______________________________________________

Description of Event:

Note: Please scan and attach along with 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):

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space/Venue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tickets</td>
<td></td>
<td></td>
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<tr>
<td>Food</td>
<td></td>
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<tr>
<td>Beverages</td>
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<tr>
<td>Alcoholic Beverages</td>
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<tr>
<td>Supplies</td>
<td></td>
<td></td>
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<tr>
<td>Marketing &amp; Publicity Materials</td>
<td></td>
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<tr>
<td>Printing/Stationery</td>
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<tr>
<td>Decorations</td>
<td></td>
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<tr>
<td>Tech/AV</td>
<td></td>
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<tr>
<td>Honorariums/Gifts</td>
<td></td>
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<tr>
<td>Incentives/Prizes</td>
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</tbody>
</table>

Total: ______________

Program Type – Check all that apply:
- Social Event/Mixer
- Academic Event
- Performance
- Community Service
- Professional Development
- Conference/Co-Sponsorship
- Student Journal
- Meeting
- Other: ______________

For questions or concerns please contact:
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