

2012-2013 Budget Proposal Form

University of Massachusetts Lowell

Graduate School Association

Date of Submission:	
Graduate Club/Organization:	
Primary Contact Person:	Phone Number:
E-mail Address:	
Event Name:	
Date of Event(s):	
Location of Event(s):	
Amount of Money Request:	
Please describe the event(s) in 250 words o	

Please list any alternate sources of fundraising for event(s) (i.e.admission charge?):

Breakdown of the Budget Request: (or submit a proposed budget)
Please list any other previous events sponsored by this club/organization:
Please list any other planned activities for the year:
Submitted By:
Signature:
GSA Approval: Yes No Amount Allocated:
GSA Signature:
Notes: