

BGSA Funding Request Form

Please retain a copy of this form and (if applicable) receipts for your records.

Please complete check off **one** of the following boxes:

This is a **purchase order form**. I am requesting goods/services from a Penn-approved vendor. Penn will cover the amount requested. So that the purchase order may be processed in time, I am submitting this form with the invoice a minimum of **7 business days before** my event via **EMAIL to the BGSA Finance Chair (bgsa.finance@gmail.com)**.

This is a **reimbursement request**. It will take 4-6 weeks for me to receive a reimbursement check from Penn. I have completed this form, attached **itemized receipt(s)** to a blank sheet of paper and included an **attendance sheet** for the event. I have submitted this via **EMAIL to the BGSA Finance Chair (bgsa.finance@gmail.com)**.

This is a **check request**. I am requesting goods/services from a Penn approved vendor to be paid by check. I am submitting this form with the invoice from the vendor 4-6 weeks prior to the vendor receiving a check from Penn. I have submitted this via **EMAIL to the BGSA Finance Chair (bgsa.finance@gmail.com)**.

This is a **Journal Transfer request**. I am requesting a transfer of funds to another Penn Budget Code. I am submitting this form with the invoice and Budget Code via **EMAIL to the BGSA Finance Chair (bgsa.finance@gmail.com)**.

PLEASE COMPLETE ALL ITEMS:

1. Requester: _____

2. Student group or graduate program: _____

3. Program Representative (if applicable): _____

4. Penncard #: _____

5. My contact info:

 Phone (_____) _____

 Full home address

6. Email: _____@penmedicine.upenn.edu

7. Event: _____

8. Date of Event: _____

9. Today's Date: _____

10. Please describe your event clearly:

11. This is for:

5211 food, no alcohol

522x office supplies

5214 entertainment

other (alcohol): _____

12. Check one option:

My event has been approved for funding by BGSA (Merit Request)

My event has been approved for funding by BGSA (IPF Request)

My event was approved by my graduate program representative(s) (Discretionary Funds)

13. Total amount (including tips but not taxes): \$ _____

14. Vendor name: _____ / supplier ID (if Penn approved): _____

15. Signature of requestee: _____

16. Signature of graduate program representative(s) (if applicable) _____

17. Signature of BGSA TREASURER: _____