

# 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 a minimum of **7 business days before** my event via **EMAIL to the BGSA Treasurer**.

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 in an envelope to the **BGSA Treasurer**.

**For BGS use only**

*PLEASE COMPLETE ALL ITEMS:*

1. Requester: \_\_\_\_\_
2. Student group or graduate program: \_\_\_\_\_
3. Program Representative (if applicable): \_\_\_\_\_
4. Mailbox #: \_\_\_\_\_
5. Penncard #: \_\_\_\_\_
6. My contact info: Phone (\_\_\_\_\_) \_\_\_\_\_  
Full home address \_\_\_\_\_
7. Email: \_\_\_\_\_@mail.med.upenn.edu
8. Event: \_\_\_\_\_
9. Date of Event: \_\_\_\_\_
10. Today's Date: \_\_\_\_\_
11. Please describe your event clearly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. This is for:

- 5211 food, no alcohol                       522x office supplies  
 5214 entertainment                       other (alcohol): \_\_\_\_\_

13. Check one option:

- My event has been approved for funding by BGSA (Merit Request).  
 My event was approved by my graduate program representative(s) (Discretionary Funds)

14. Total amount (including tips but not taxes): \$ \_\_\_\_\_

15. Vendor name: \_\_\_\_\_ / supplier ID (if Penn approved): \_\_\_\_\_

16. Signature of requestee: \_\_\_\_\_

17. Signature of graduate program representative(s) (if applicable) \_\_\_\_\_

18. Signature of BGSA TREASURER: \_\_\_\_\_