



Graduate Student Assembly of Baruch College

55 LEXINGTON AVE, NEW YORK, NY, 10010

Co-Sponsorship Form

Organization: _____

Event Title: _____ Line/Program: _____

Date of Event: _____ Time of Event: _____

Event Occurrence: Fall semester Spring semester Both

Location / Room: _____

Purpose of Co-Sponsorship: Monetary Marketing Man-power

Event Description:

	Funds Available <i>(View most updated budget on Baruch Connect)</i>	Amount Requested <i>(Include full name and contact info of who will be reimbursed)</i>	Amount Approved <i>(For GSA use only)</i>
Contractual			
Refreshments			
Supplies			
Equipment			
Miscellaneous			
Total			

Was this event held previously? Yes No If yes, attach breakdown of past expenditures.

How will this money be used? (Attach detailed breakdown of all expenditures)

Have you requested an appeal? Yes No Do you intend to request an appeal? Yes No

Date Submitted: _____ Signature: _____

If approved, GSA logo is required on marketed flyer of the event

FOR OFFICE USE ONLY

Approved by: _____ Date: _____