



Fund and Event Request Form: Graduate Student Association

Instructions to Requester	
Please complete the form in full and add your signature . Circulate the form for others to review/sign. Once completed, submit the approved form to student.affairs@drexelmed.edu	
Date:	Name:
GSA Division:	Program:
GSA Executive Board Title:	Cell:
Drexel Email:	Alternative Email:
Notes:	

Event / Purchase Overview	
Event Title:	
Date of Event:	Duration of Event: ___ am/pm to ___ am/pm = ___ total hours
Event Location:	Has a Room been Reserved?:
Program Specific Event?	If Yes, Indicate Program(s):
Program Representatives:	
Event Description/Notes:	Estimated no. of students attending



DREXEL UNIVERSITY

Graduate School of

**Biomedical Sciences
and Professional Studies**

College of Medicine

Vendor Information		
Name of Vendor:		
Vendor Address:		
Vendor Point of Contact:	Business Phone:	Cell Phone:
Email:	Website:	
Fax Number:	Vendor Agreement/Estimate Attached?	
Notes:		

Payment	
Deposit Due Date:	Amount:
Is There A Follow-up for Estimated Guest Count?	Who Will Offer This Count To The Vendor?
Is There A Deadline for Final Guest Count?	Who Will Be Responsible for the Sign-in Sheet?
Event Total Cost:	Balance Due:
Explain How Expenses Will Be Divided Up If Multiple Programs/Division Are Participating:	
Please List Additional Money Collected To Offset Event Cost (Donations, Ticket Prices, Expected Income):	



Method of Payment:			
Fund Transfer	Drexel P-Card	Check Request	Other
If Other, Please Explain Method of Payment:			
Who Will Return The Original Event Receipt To Denise Cotter?			
Is the Vendor Aware of Our Tax Exemption?		Is the Vendor Aware Alcohol Is Invoiced Separately?	
Notes:			

Account Information: (to be provided by the Division Treasurer)	
Date:	
Account Balance Prior to Event:	Estimated Balance After Event's Conclusion:
If Program Specific, Program Balance Before Event:	If Program Specific, Program Balance After Event:
Note: If multiple divisions or programs are included in this event, please attached a separate sheet listing all programs' balances before and after the event.	



Events With Alcohol:	
Will A University caterer or Licensed Bartender Serve the Alcohol? Yes No	Name of Serving Caterer:
Will The Event Observe a Two Drink Per Person Limit? Please Explain the Plan Below: 	
Is the Vender Aware of the Two Drink Limit? (This must be noted on the invoice from the vendor.)	Who Has Explained This to the Vendor?
Who Will Observe The Plan’s Success at the Event? Who is distributing the drink tickets and returning the balance unused? 	
Who will be attending for the duration of the event? (Note: There must be at minimum 2 board members; 1 additional board member for every 15 people over 25 guests. For groups over 100 please contact Student Affairs.) 	
Events With Alcohol On Drexel’s Campus: (FOR STUDENT AFFAIRS)	
Has Permission Been Obtained/Submitted to Event Services?	Please Attach Permission to this form.
Events With Alcohol Off Campus:	
Please Attached Signed Vendor Contract w/ Written Confirmation of Procedures: 	
Notes: 	



Marketing: Please check all that apply			
I will need the following to promote our event:			
Eventbrite tickets:	free tickets/registration:	tickets with fee:	
Posters:	Flyers:	Facebook event:	Drexel Infonet:
Brochure:	Other:	In other, please explain:	

Approvals	
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Event Organizer		Date:
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Division Treasurer		Date:
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BMedSci Division President / Co- or VP		Date:
ICO Division President / Co- or VP		Date:
PMPH Division President / Co- or VP		Date:

Cost Center Admin, Denise Cotter		Date:
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Dean or Director (Alcohol Events / Events over \$5K)		Date:
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Note:	<i>Contracts Must be Signed by Procurement/Legal.</i>
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