



Graduate Student Apartment Community Council (GSACC)

<u>Line Item</u>	<u>Amount</u>
Admin Expenses/Other	
General/Recurring Events	
Major Events	
RA Programming	

Pay To The Order Of: _____

Name of Program: _____ Date of Program: _____

Vendor(s) & Items Purchased: _____

(Leave blank if NTE)

Check Type: FlexCard NTE Reimbursement Invoice

Check Amount: _____

Person picking up the check: _____ Email: _____

Budget (Financial) Tracker Completed
Program (Evaluation) Tracker Completed

Two Signatures Required:

_____	_____
GSACC Treasurer/Designated Officer	Date
_____	_____
Complex Coordinator: ACC/CC	Date

Date Check Picked Up: _____ Signature: _____	Check # _____ _____ Signature: _____
If Applicable (for ACC/CC only): Date: _____ Signature: _____	