



The Graduate Student Senate

Student Union; 2110 Hillside Rd., U-3008
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E-mail: gss@huskymail.uconn.edu
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Rollover Request Form

For Office Use Only:

Approved

Not Approved

{ See Bottom for Details }

ROLLOVER REQUEST FORM

ROLLOVER REQUEST FORM

Organization _____

Date Submitted _____

Contact Person: _____

ROLLOVER REQUEST FORM

Phone- _____

email _____

Senator: _____

ROLLOVER REQUEST FORM

Phone- _____

email _____

Rollover requested: _____ dollars _____ cents

What was it allocated for: _____.

Why wasn't it spent?: _____

ROLLOVER REQUEST FORM

ROLLOVER REQUEST FORM

ROLLOVER REQUEST FORM

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ROLLOVER REQUEST FORM

What is it going for?: _____

ROLLOVER REQUEST FORM

ROLLOVER REQUEST FORM

ROLLOVER REQUEST FORM

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Organization Treasurer Signature

ROLLOVER REQUEST FORM

Organization President Signature

ROLLOVER REQUEST FORM

Senate Treasurer Signature

ROLLOVER REQUEST FORM