

Graduate Student Organization
38 Prospect Street
Hartford, CT 06103

Interst Group/Concentration Budget

Submit no later than October 12th

Interest Group Name: _____ **OR** **Concentration Name:** _____

Leader Name: _____

<u>Date (Month/Year)</u>	<u>Type of Expense</u>	<u>Description of Intended Program</u>	<u>Total</u>

Approved by: _____

Total: _____