



The Macdonald Campus Graduate Students' Society

Room R3-043, Raymond Building
 21111 Lakeshore Road
 St. Anne de Bellevue, Quebec H9X 3V9
 mcgss.mcgill.ca | mcgss.pgss@mail.mcgill.ca

Cheque number: _____
 Receipts included
 Cheque cashed

PGSLF EXPENSE FORM

Event Equipment

| | | |
|----|-----------------------|----|
| 1) | Department name | |
| 2) | Event name | |
| 3) | Event date(s) | |
| 4) | Event location | |
| 5) | Amount requested | \$ |
| 6) | Cheque recipient name | |

Contact person

| | | |
|-----|------------------|---------------------------|
| 7) | Name | |
| 8) | Email address | |
| 9) | McGill ID Number | |
| 10) | Phone number | Mobile: _____ Home: _____ |

11) Does this event take place at Thomson House or The Ceilidh? Yes No

If you answered "yes" to question 11, please proceed to item 17.

12) Will the event take place in a location that has a permanent liquor permit? Yes No

If you answered "yes" to question 12, please proceed to item 17.

13) Does this event involve selling or serving alcohol? Yes No

If you answered "no" to question 13, please proceed to item 17.

14) Do you have an alcohol permit for your event? Yes No
PGSS requires a copy of the permit – please include it in this form. You will have to apply for an alcohol permit and submit a copy to PGSS.

15) Does the event take place at McGill University? Yes No

If you answered "no" to question 15, please proceed to item 17.

| | | |
|---|------|----------------|
| 16) Please list the certified alcohol servers who will be serving alcohol at the event. | Name | McGill ID Num. |
| | | |
| | | |
| | | |

17) I, the contact person named in item 7 above, am authorized to complete and submit this form on behalf of MCGSS of which I am a member. I will attend the event described in this form and I take full responsibility for ensuring that this event satisfies all the Post-Graduate Students' Society of McGill University's rules and regulations.

Signature of contact person: _____ Date: _____

Note: Any applicant found to have made an application under false pretenses will be required to immediately return any funds disbursed. The PGSLC and the MCGSS President may request additional information in order to ensure that applications are truthful and complete.

Expense Authorization

Name: _____
 Executive position: MCGSS President And/Or MCGSS Treasurer
 Signature: _____