



The Graduate Students' Association of Concordia University of
Edmonton

Funds Release Form

Requested by: _____ Position: _____

Name (full): _____

Phone: _____ Address: _____

City: _____ Postal Code: _____ Province: _____

Amount to be Released (in words): _____

Amount(in numbers): _____ Date: _____

Fund Released as: Cash Cheque Credit Card

Description: _____

The following funds were released on (date): _____

Received by: _____

Witnessed by: _____

GSA VP Finance: _____ GSA President: _____