



Budget Realignment Request

Organization: _____

Date Received	Time Received
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Account #: _____ Date of Request: _____

Presenter*: _____

* the person who will be at the **one** Student Association meetings explaining this request

Approved to Agenda

Email: _____ Phone #: _____ - _____ - _____

Please provide the email address and phone number of the presenter in case there are further questions.

What are the steps I must take in requesting additional?

- ✓ All requests are due by 4:00pm on Thursday in the Student Association office, CU 316, for them to appear on the following week's agenda.
- ✓ If you feel that it would make things clearer to members of the Student Association in decision-making, submit a financial breakdown of how you would like your budget to appear.
- ✓ You may attach a rationale if you feel it will help explain the reason for this request.

Amount requested: _____ To line #: _____ Title: _____

Is this a new or an already existing line? _____

What will the additional funds be used for? _____

Why isn't the initial amount in the line sufficient? _____

Funding Source

Line #: _____ Title/Sub-line: _____

Original Amount: _____ Decreased By: \$ _____

What effect will the reduction of funds in this line have on your organization or what is the reason for choosing this line? _____

Additional Funding Source (if applicable)

Line #: _____ Title/Sub-line: _____

Original Amount: _____ Decreased By: \$ _____

Reason/Effect: _____

"I approve this request on behalf of the organization that I represent."

Organization President