

ASSOCIATED STUDENT GOVERNMENT ALLOCATION READJUSTMENT REQUEST FORM

GENERAL INFORMATION

Name of Recognized Student Organization _____

Name of Contact _____ Daytime Phone _____

E-mail _____

REFER TO ALLOCATION BREAKDOWN WHEN EXPLAINING ALLOCATION READJUSTMENT:

1. Identify the event to be changed _____

2. Is your adjustment (circle one): A) within the current event? B) to a new event?

3. If readjustment is within a CURRENT EVENT, explain desired changes _____

If the readjustment is to a NEW EVENT, explain the details of the request _____

Signature of Contact _____ Date _____

OFFICE USE ONLY

Date Received by Finance Committee _____

FROM ITEM	CURRENT BALANCE	AMOUNT TO BE ADJUSTED	NEW BALANCE		TO ITEM	CURRENT BALANCE	ADJUSTED AMOUNT	NEW BALANCE

EXPLANATION: _____

Committee Vote: _____ Fiscal Affairs Committee Chair Signature _____

Date _____

This form needs to be completed by the ASG Fiscal Affairs committee **at least six (6) weeks prior to the event** to make sure that any funds granted will be available by the time of the event.