

ASSOCIATED STUDENT GOVERNMENT ALLOCATION READJUSTMENT REQUEST FORM

GENERAL INFORMATION

Name of Recognized Student Organization _____

Name of Contact* _____

Daytime Phone _____

E-mail _____

REASON FOR READJUSTMENT _____

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: _____
 (necessary when readjusting more than \$50)

Finance Committee Chair Signature _____

Date _____

Original to: ASG Allocation Records (Excel)

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