BUDGET TRANSFER FORM

Student Government Accounting

Select o	ne only:											
Entity:		(O USA	0	GSA							
Funding Source: (If applicable)		O Contingency		O CS Mini-Fund		0	O GSA Discretionary			O GSA Publications		
STUDEN	NT GROUP	NAME:						4-DIGIT	DEPT	NUMBER:		
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	or the trans	sfer:										
USA Apr	oroval Sigi	natures:	!			GSA Apı	proval	l Signat	ures:			
Student Org. Rep.						Student Org. Rep.						
Funding Chairperson or Signatory						Funding Chairperson]
USAC Fit Committe	nance e Chairpers]	Elected Officer/ Director of Finance									
						SGA USE (Date 6	entered:]
						Document Number:						

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