BUDGET TRANSFER FORM
Student Government Accounting

STEP 1
Select one only:

Entity: O USA O GSA

Funding Source: O Contingency O CS Mini-Fund O GSA Discretionary O GSA Publications

STUDENT GROUP NAME: ___________________________ 4-DIGIT DEPT NUMBER: ___________________________

Your Name: ___________________________  Cell Number: ___________________________
(Print your name)

"ALL Segments of Account Number MUST be filled in"
"FUND code # on both Decrease and Increase MUST MATCH"

STEP 2
Amount of Transfer: $________________________

Decrease:

<table>
<thead>
<tr>
<th>ENTITY</th>
<th>FUND</th>
<th>DIV</th>
<th>DEPT</th>
<th>G/L</th>
<th>EVENT</th>
</tr>
</thead>
</table>

Increase:

<table>
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<tr>
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STEP 3
Reason for the transfer: ___________________________

STEP 4
USA Approval Signatures:

Student Org. Rep. ___________________________
Funding Chairperson or Signatory ___________________________
USAC Finance Committee Chairperson ___________________________

GSA Approval Signatures:

Student Org. Rep. ___________________________
Funding Chairperson ___________________________
Elected Officer/ Director of Finance ___________________________

SGA USE ONLY

Session Id No.: ___________________________
Document Number: ___________________________
Date entered: ___________________________

(Revised 7/01/04)