



HOFSTRA UNIVERSITY STUDENT GOVERNMENT ASSOCIATION

BUDGET TRANSFER FORM

SGA Club/Organization: _____ Date: ____/____/____

Authorized Person: _____ Phone # _____

Amount of Transfer \$ _____

Reason for Transfer: _____

Transferring to: Club Name or Department: _____

Budget #: _____

APPROVALS

SGA Bookkeeper: Pamela Orefice _____

Balance after transfer completed: _____

SGA Comptroller: Michael Hershfield _____

OSLA Club Advisor: Mario Bolanos _____ Chris Botti _____ Stan Cherian _____

Ashley Gray _____ Robyn Kaplan _____ Jaclyn Vento _____

Sarah Young _____

➤ **Sent to Chris Sparta on:**
