

UNDERGRADUATE ORGANIZATION BUDGET TRANSFER REQUEST FORM

OFFICE USE ONLY
Spreadsheet:
Access #:

Student organization representative completes the top two sections and submits completed form to their administrative advisor

STUDENT ORGANIZATION PART ONE: CONTACT INFORMATION

Contact name: _____ Hofstra ID: _____
Email: _____@pride.hofstra.edu Phone: _____
Organization: _____ Position: _____

STUDENT ORGANIZATION PART TWO: TRANSFER DETAILS

Transfer Amount: \$ _____ Date: _____
Transfer **from** account #: _____ Account name: _____
Transfer **to** account #: _____ Account name: _____
Reason for transfer: _____

OFFICE USE ONLY

OSLE, SAPA, or Campus Recreation
Administrative Advisor: _____ Received: _____ Signed: _____ N/A
SGA Comptroller: _____ Received: _____ Signed: _____ N/A
Allocated funds: SGA Funds: \$ _____ Income: \$ _____ N/A
Balance post transfer: SGA Funds: \$ _____ Income: \$ _____ N/A
OSLE Finance: _____ Received: _____ Signed: _____ N/A
Associate Dean: _____ Received: _____ Signed: _____ N/A