

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: _____@hofstra.pride.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, DOS, or Campus Recreation

Administrative Advisor: _____ Received: _____ Signed: _____ ☐ N/ASGA Comptroller: _____ Received: _____ Signed: _____ ☐ N/AAllocated funds: SGA Funds: \$ _____ Income: \$ _____ ☐ N/ABalance post transfer: SGA Funds: \$ _____ Income: \$ _____ ☐ N/AOSLE Finance: _____ Received: _____ Signed: _____ ☐ N/AExecutive Director: _____ Received: _____ Signed: _____ ☐ N/A