

STUDENT GOVERNMENT ASSOCIATION, INC. REQUEST FOR LINE TRANSFER

Date: _____

Fiscal Year: _____

Organization Name: _____

Transfer From

Budget Line: _____ Amount \$ _____

Budget Line: _____ Amount \$ _____

Budget Line: _____ Amount \$ _____

Budget Line: _____ Amount \$ _____

Budget Line: _____ Amount \$ _____

Budget Line: _____ Amount \$ _____

Total \$ _____

Transfer To

Budget Line: _____ Amount \$ _____

Budget Line: _____ Amount \$ _____

Budget Line: _____ Amount \$ _____

Budget Line: _____ Amount \$ _____

Budget Line: _____ Amount \$ _____

Budget Line: _____ Amount \$ _____

Total \$ _____

Justification:

Requested By: _____
Organization President

Date: _____

Organization Treasurer

Date: _____

Approved By: _____
SGA Executive Treasurer

Date: _____

No line transfers will be accepted after Nov. 15 for the fall semester and April 15 for the spring Semester.