



OFFICE USE ONLY  
 Spreadsheet:  
 Access #:

# yV) -k8k° ) y° u- ORGANIZATION BUDGET TRANSFER REQUEST FORM

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

**uy) -Vu\k8° V@° u@Vh° ku\V- #\Vu° #u@7\kU° u@V°**

Contact name: \_\_\_\_\_ Hofstra ID: \_\_\_\_\_

Email: \_\_\_\_\_@pride.hofstra.edu Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

**uy) -Vu\k8° V@° u@Vh° ku\V- \ uk° Vo7-k°) -u° @**

Transfer Amount: \$\_\_\_\_\_ Date: \_\_\_\_\_

Transfer account #: \_\_\_\_\_ Account name: \_\_\_\_\_

Transfer account #: \_\_\_\_\_ Account name: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\77@- yo- \VO°**

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