

# BUDGET REVISION

Instructions: Complete, sign, and return this form to SGAO (SUB 1018).

All requested changes must be approved by ASUNM and/or GPSA prior to incurring any expense.

Any expenses incurred that do not correspond to the details of your pre-approved budget/appropriation will be the sole responsibility of your organization.

Date: \_\_\_\_\_

SGAO Use Only  
#

Account Name: \_\_\_\_\_

Index #: **670** \_\_\_ \_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

|                                |  |                                |                               |                      |  |                                   |                                     |
|--------------------------------|--|--------------------------------|-------------------------------|----------------------|--|-----------------------------------|-------------------------------------|
| Source of Funding (check one): |  | <input type="checkbox"/> ASUNM | <input type="checkbox"/> GPSA | Purpose (check one): |  | <input type="checkbox"/> Redefine | <input type="checkbox"/> Reallocate |
|--------------------------------|--|--------------------------------|-------------------------------|----------------------|--|-----------------------------------|-------------------------------------|

| ACCOUNT<br>CODE | DESCRIPTION                           | CURRENT<br>BALANCE                                       | INCREASE | DECREASE | NEW<br>BALANCE |
|-----------------|---------------------------------------|--|----------|----------|----------------|
|                 |                                       | (Round down "Increases/Decreases" to the nearest dollar) |          |          |                |
| 3100            | Office Supplies                       |  |          |          |                |
| 3110            | Subscriptions / Educational Materials |  |          |          |                |
| 3140/50         | Computer Costs                        |  |          |          |                |
| 3180/89         | Non-Capital Equipment or Computer     |  |          |          |                |
| 31B0            | Food / Refreshments                   |  |          |          |                |
| 31C0            | Dues and Fees                         |  |          |          |                |
| 31K0            | Postage                               |  |          |          |                |
| 37Y0            | Other Supply Costs                    |  |          |          |                |
| 4080            | Travel                                |  |          |          |                |
| 63B0            | Rentals                               |  |          |          |                |
| 63C0            | Copying Services                      |  |          |          |                |
| 63E0            | Honorarium                            |  |          |          |                |
| 69Y0            | Advertising                           |  |          |          |                |
| 69Z0            | Professional Services                 |  |          |          |                |
| 7060            | Facility / Space Rentals              |  |          |          |                |
| 70D0            | Equipment Repair / Maintenance        |  |          |          |                |
|                 |                                       |  |          |          |                |
|                 |                                       |  |          |          |                |
|                 | <b>TOTAL REVISION</b>                 |  |          |          |                |

**Detailed Purpose for Change:** (Attach additional sheets, if necessary)

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\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Authorized Signer

|                 |   |  |               |
|-----------------|---|--|---------------|
| Office Use Only | <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED | _____<br>Student Government Representative | _____<br>Date |
|-----------------|---|--|---------------|