

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.

SGAO Use Only

#

Date: _____

Account Name: _____

Index #: **670** ____

Contact Person: _____

Phone: _____

Email: _____

Source of Funding (check one): ☐ ASUNM ☐ GPSA **Purpose (check one):** ☐ Redefine ☐ Reallocate

ACCOUNT CODE	DESCRIPTION	CURRENT BALANCE	INCREASE	DECREASE	NEW BALANCE
<i>(Round down "Increases/Decreases" to the nearest dollar)</i>					
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				
	TOTAL REVISION				

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

Student Org Authorized Signer

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Revised 10/25

Office Use Only	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	ASUNM Vice President GPSA Council Chair	_____	_____
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	ASUNM Pro Tempore GPSA Finance Chair	_____	_____
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	ASUNM Finance Chair GPSA Fin Vice Chair	_____	_____