

SGA Additional Allocation Request From

Date: _____

Organization Name: _____

Organization Account #: _____

Person(s) representing the organization at the meeting (max. 2):

1. _____

2. _____

E-mail address & telephone # of person(s) representing the organization:

1. _____

2. _____

Amount of additional allocation requested: _____

Describe why the additional allocation is needed, including a detailed breakdown of estimated expenses. Please attach additional sheets, if necessary, and/or information to support your request.

Advisor Signature

Student Treasurer Signature

Return this completed form to the KUSSI Service Center (MSU 171) to be scheduled to appear before the Budget & Finance Committee. This form must be fully completed & returned 2 days prior to the regularly scheduled Budget & Finance Committee meeting day in order to be able to attend. NO EXCEPTIONS can be made.