



ASSOCIATED STUDENTS INCORPORATED
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
BUDGET TRANSFER FORM

GENERAL INFORMATION	
Group Name	
Purpose	
Budget Year	

TOTAL ALLOCATION AMOUNT	
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#	TRANSFER FROM Allocation Account #	TRANSFER TO Club Account #	Justification	Amount
1				
2				
3				
4				
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42				
43				
44				
45				
TRANSFER TOTAL				
TOTAL ALLOCATION AMOUNT AVAILABLE				



**ASSOCIATED STUDENTS INCORPORATED
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
BUDGET TRANSFER FORM APPROVALS**

GENERAL INFORMATION
Group Name
Purpose
Budget Year

TREASURER OR AUTHORIZED OFFICER
Name
Signature
Phone Number
Email Address
Date

PRESIDENT OR AUTHORIZED OFFICER
Name
Signature
Phone Number
Email Address
Date

ADVISOR
Name
Signature
Phone Number
Email Address
Date

ADVISOR
Name
Signature
Phone Number
Email Address
Date