



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

TOTAL ALLOCATION AMOUNT	
--------------------------------	--

	TRANSFER FROM	TRANSFER TO	Justification	Amount
#	Allocation Account #	Club Account #		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
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