

Illinois State University Registered Student Organization Program Fund Request For Change In Allocation
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Name of Organization \_\_\_\_\_

Name of Program \_\_\_\_\_

President \_\_\_\_\_ Advisor \_\_\_\_\_

Date Submitted \_\_\_\_\_ Submitted By \_\_\_\_\_

Use the table below to describe the change(s) you would like to make.

FROM		TO	
Budget Line	Amount	Budget Line	Amount
<b>TOTAL</b>		<b>TOTAL</b>	

*Feel free to attach answers to the following questions on a separate sheet if additional space is needed.*

Please provide a detailed response explaining why this request is being made. Please include what will happen to the budget line where the funding is coming from (will that part of the program be eliminated or funded in another way)?

Will the change in allocation result in any additional income for your RSO? If yes, please explain and include amount of additional income.

Please provide a detailed response explaining how this request will benefit the program, organization, and student body.

\*\*\*Please attach the original budget allocation sheet for your program. If you do not have your original please contact the Student Involvement Center at (309) 438-3212.

\*\*\*Return completed forms to the Student Involvement Center in the Bone Student Center\*\*\*

<b><i>Office use only:</i></b>	
Received by _____	Date Received _____
___ Approved ___ Denied Explanation: _____	
Fee Board Chair Signature: _____	Date _____
Fee Board Advisor Signature: _____	Date _____