

Illinois State University
 Registered Student Organization Program Fund
 Request For Change In Allocation For Travel

Name of Organization _____

Name of Program _____

President _____ Advisor _____

Date Submitted _____ Submitted By _____

What was the total number of students that the original allocation was based on? _____

What is the total number of students who are actually participating? _____

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

FROM		TO	
Budget Line	Amount	Budget Line	Amount
TOTAL		TOTAL	

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 there is a change in the number of participants.

Please explain why your organization feels the funding level should not change.

***Please attach the original budget allocation sheet for your travel. 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

Office use only:	
Received by _____	Date Received _____
___ Approved ___ Denied Explanation: _____	
Fee Board Chair Signature: _____	Date _____
Fee Board Advisor Signature: _____	Date _____