



Entity Code _____ Sub _____ Sem _____
 SAA BOD Approval Date _____
For Student Activities Association, Inc. Business Office Use Only

BUDGET CHANGE FORM

Note: List information exactly as it appears in the original budget (the description as approved by the Board of Directors of the Student Activities Association, Inc.). The total amount to be changed must be less than 10% of the total budget amount. Department and organizations are allowed one budget change in a fiscal year. Budget Change forms must be submitted in PDF format to saaboforms@jjay.cuny.edu.

Summer _____ Fall _____ Spring _____

Name of Organization: _____

Total Budget Amount _____

 S.C. OFFICER/ CLUB PRESIDENT OR TREASURER/
 DEPARTMENT DESIGNEE (PRINT NAME)

 SIGNATURE

 CSIL COORDINATOR (PRINT NAME)

 SIGNATURE

Account Name	Description as it appears in the budget	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List new information as you would like to appear in the budget. The totals for the changes above must equal the totals listed below.

Account Name	Description as it appears in the budget	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Official Use									
From	Amount	To	Amount	From	Amount	To	Amount		
G/L	_____	G/L	_____	G/L	_____	G/L	_____		
G/L	_____	G/L	_____	G/L	_____	G/L	_____		

