

Program Change Amendment

Use to request an alternative use of existing grant funds

Name of Student Organization

CHANGE FROM	CHANGE TO
Grant Type	Grant Type
Account Number	Account Number (Office Use Only)
Program Title	Program Title
Program Description (include month of event, if applicable)	Program Description (include month of event, if applicable)

Why is this change necessary?

7. Indicate the proposed budget for this program. For each category of expense, indicate the total cost in Column A. In Column B show the portion of the cost that your organization will contribute from its own funds. Subtract Column B from Column A. This represents the amount of funds you are requesting from the Associated Students. Be sure to compare these to the maximum limits.

Expense Category	A	B	C
	Total Program Expense	Organization's Share of Cost	Amount Requested from A.S.I.
Flyers			
Newspaper Ads			
Posters			
Printed Materials			
Program Supplies			
Refreshments			
Group Travel			
Conference Fees			
Equipment Rental			
Facility Rental			
Honoraria/Service Contracts			
Equipment Purchase			
Repairs & Maintenance			
TOTALS			

Indicate the total estimated attendance for this program _____

Where will the program be held?
 Student Union
 Soroptimist House
 Performing Arts Center
 The Pyramid
 Other _____

Amendment Prepared by

 Print Name Signature Date Phone Number E-mail Address

Student Life and Development Advisor

 Print Name Signature Date Phone Number