University at Buffalo Student Association Inc.

Executive Committee Meeting Minutes

April 19, 2023

Student Union 350

Present

Becky Paul Odionhin, SA President; Ian Roma, Senate Chairperson; Alana Lesczynski, SA Treasurer

Absent

Sammi Pang, SA Vice President

Guests

None

Call to Order

Becky Paul Odionhin, SA President, calls the meeting to order at 11:57 am

Approval of Minutes

None

Old Business

None

New Business

1. Alana Lesczynski, SA Treasurer, introduces Budget Adjustment #14

   Motion to approve Budget Adjustment #14 by Alana Lesczynski

   Second Ian Roma
Without objection, the motion passes by unanimous consent

Conclusion: Budget Adjustment #14 Approved

Adjournment

I. Motion to Adjourn meeting by Becky Paul Odionhin
   Second Ian Roma
   Without Objection, the motion passes by unanimous consent

Conclusion: Meeting of the Executive Committee Adjourned at 11:57 am
Undergraduate Student Association
Budget Adjustment

Instructions:
This form must be completed for all budget adjustments. This form must be signed by the President, Treasurer and Campus Designee.

Please check one:
- Budget Transfer X
  Moving funds from one expense to another, (must equal zero)
- Budget AJE
  Incremental adjustment, increase/decrease in revenues or expenses

Detailed description of budget adjustment:
SA Budget Adjustment #15

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Account Description</th>
<th>Current Budget Amount</th>
<th>Adjustment Amount</th>
<th>Adjusted Budget</th>
<th>Adjustment Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>002-1501-4120</td>
<td>Engineering Supplemental Funding</td>
<td>200.00</td>
<td>$1,800.00</td>
<td>2,000.00</td>
<td>Money to Engineering Supplemental Funding</td>
</tr>
<tr>
<td>002-1100-4111</td>
<td>Conferences/Development</td>
<td>15,000.00</td>
<td>$(1,800.00)</td>
<td>13,200.00</td>
<td>Money to Engineering Supplemental Funding</td>
</tr>
</tbody>
</table>

Treasurer: Name (please print)  
Signature ___________________________ Date __________

Officer: Name (please print)  
Signature ___________________________ Date __________

Campus designee: Name (please print)  
Signature ___________________________ Date __________

FSA Budget AJE Input ___________________________ FSA Budget AJE Review ___________________________