**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]  
- Budget AJE

Moving funds from one expense to another, (must equal zero)

Incremental adjustment, increase/decrease in revenues or expenses

**Detailed description of budget adjustment:**

<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>002-1251-4120</td>
<td>Senate Supplemental Funding</td>
<td>-</td>
<td>$20,000.00</td>
<td>20,000.00</td>
<td>Money for Senate Supplemental Funding</td>
</tr>
<tr>
<td>002-1706-4332</td>
<td>Fest Production</td>
<td>292,394.50</td>
<td>-(20,000.00)</td>
<td>272,394.50</td>
<td>Money for Senate Supplemental Funding</td>
</tr>
<tr>
<td>002-1401-4922</td>
<td>Pilots</td>
<td>2,331.43</td>
<td>-(1,193.93)</td>
<td>1,137.50</td>
<td>Money from Pilots to Capital Equipment for CE purchase</td>
</tr>
<tr>
<td>002-1100-2101</td>
<td>Capital Equipment</td>
<td>202,521.00</td>
<td>$1,193.93</td>
<td>203,714.93</td>
<td>Money from Pilots to Capital Equipment for CE purchase</td>
</tr>
</tbody>
</table>

**Treasurer:**

Name (please print)

Signature ____________________________ Date __________

**Officer:**

Name (please print)

Signature ____________________________ Date __________

**Campus designee:**

Name (please print)

Signature ____________________________ Date __________

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FSA Budget AJE Input ________________________________ FSA Budget AJE Review ________________________________