

DASB FINANCE COMMITTEE AGENDA ITEM

This form must be submitted to Student Accounts **NO LATER** than 4:30 PM on the Tuesday (subject to change) before the meeting in which you wish the item to appear. It **MUST** be filled out completely (all pages), or your request may be postponed or denied. Attach additional sheets if necessary.

Clubs should fill out the "ICC/Club Budget Request" form for all requests.

NOTE: The Finance Committee does not meet during the first week of the quarter, dead and finals weeks or breaks.

Please submit the original and one (1) copy of this form and any attachment(s) for a total of two (2) sets.

Name: Sofi Tofte

Signature & Date: Sofi Tofte 06/03/2020

Phone: x8414

E-mail: toftesofiangelica@fhda.edu

Group or department you are representing: OCL/Flea Market

You are required to attend the DASB Finance Committee meeting, Monday at 3:30 PM (subject to change), to answer any questions for items 1 and 2 below and possibly item 3 as well if determined by the Chair of Finance.

Request to be on the Finance Committee Agenda For: (check one)

1. GENERAL ITEM (Includes Budget Transfers):

Summary of item: (REQUIRED, use additional sheets if necessary) Requesting a carry forward of \$1,676 for 2019-2020 DASB Fund 41 Flea Market Account: 41-55120-4013 due to project incomplection. Promotional Items funds (lanyards, patches, water bottles) were allocated for 50th Anniversary in Spring 2020 (lanyards, patches, water bottles) but the events has been cancelled due to COVID-19.

2. NEW OR ADDITIONAL FUNDING: Total Requested Amount \$ _____

Complete the next two pages as well when requesting new or additional funding. Attach additional sheets if necessary. Also attach additional details and event/program descriptions. Incomplete applications will not be accepted.

3. OBJECT CODE/LINE ITEM TRANSFER (Only Page 1 Required; must attend Finance Committee meeting only if contacted):

Account Name: _____

Account Number: _____

From Object Code:	To Object Code:	Requested Amount \$	DASB Use only Approved Amount \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for Transfer: (REQUIRED, use additional sheets if necessary) _____

The Budgeter and Administrator cannot be the same person.

Budgeter's Name (PRINT) _____	Budgeter's Signature _____	Phone Number _____	E-mail _____
Administrator's Name (PRINT) _____	Administrators Signature _____	Phone Number _____	E-mail _____

Action Taken (office use only)			
<input type="checkbox"/> Transfer Approved and Forwarded to Student Accounts on _____ Date	<input type="checkbox"/> Transfer Denied		
_____	_____	_____	_____
DASB Chair of Finance	Date	DASB Advisor	Date