



Los Angeles Valley College
Associated Student Union

REQUEST TO CHANGE ASU BUDGET

Fiscal Year _____ Date _____ Document # _____

From			To		
Object	Activity	Amount	Object	Activity	Amount
	Total			Total	
Reason : _____					

REQUESTED BY:

Print Name

Signature

VERIFICATION OF FUNDS:

C.F.A.'s Signature

A.S.U. Treasurer's Signature

A.S.U. Advisor Signature

ACTION(S) TAKEN

Finance Committee Action: _____

Date

Executive Council Action: _____

Date

Approved _____

Approved _____

Denied _____

Denied _____

Finance Committee Minutes _____

Executive Council Minutes _____

APPROVED BY:

Vice President, Student Services

