



Government of Student Body
Carryover Request Form

Student Organization Name: _____
Requesting Organization Member: _____
Position within Organization: _____
Phone: _____ Email: _____
Signature: _____

Please Complete the Appropriate Lines

Line 1: _____	Amount: _____
Line 2: _____	Amount: _____
Line 3: _____	Amount: _____
Line 4: _____	Amount: _____
Line 5: _____	Amount: _____

Rationale: _____

The Finance Director will contact you regarding the state of your request within five (5) class days. You will be notified of any required meetings that you may need to attend. If you have any questions please contact the Finance Director at gsbfinance@iastate.edu or 515-294-1585

Office Use Only

Organization Initially Contacted _____
Deciding Body: Finance Director / Finance Committee / Senate
Approved / Unapproved Date: _____ Vote: _____
Organization Contacted Regarding Decision: _____