



## Government of Student Body

### Line Item Transfer Request Form

Student Organization Name: \_\_\_\_\_  
Requesting Organization Member: \_\_\_\_\_  
Position within Organization: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_

Please Complete the Appropriate Lines

Original Line 1: \_\_\_\_\_ Amount: \_\_\_\_\_  
Original Line 2: \_\_\_\_\_ Amount: \_\_\_\_\_  
Original Line 3: \_\_\_\_\_ Amount: \_\_\_\_\_  
Original Line 4: \_\_\_\_\_ Amount: \_\_\_\_\_  
Original Line 5: \_\_\_\_\_ Amount: \_\_\_\_\_

New Line 1: \_\_\_\_\_ Amount: \_\_\_\_\_  
New Line 2: \_\_\_\_\_ Amount: \_\_\_\_\_  
New Line 3: \_\_\_\_\_ Amount: \_\_\_\_\_  
New Line 4: \_\_\_\_\_ Amount: \_\_\_\_\_  
New 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](mailto:gsbfinance@iastate.edu) or 515-294-1585

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#### Office Use Only

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