

Associated Student Government of Bellevue College

Funding Reallocation Request Form

IMPORTANT INFORMATION ABOUT FUNDING REALLOCATION REQUESTS:

(Initial acknowledgement of each stipulation)

*I acknowledge that* the funding reallocation request must be filled out **completely** upon being submitted for review, and that incomplete funding reallocation requests will be returned.

*I acknowledge that* a completed funding reallocation request **must be submitted 72 hours before** the ASGBC Board of Directors meeting to be considered for the next meeting agenda.

*I acknowledge that* I must receive a written confirmation from the ASGBC Director of Finance with the date of the Board of Directors meeting where my request will be reviewed. It is my responsibility to follow up with the ASGBC Director of Finance if I have not received an email within 48 hours of submitting this form to the ASGBC Director of Finance.

*I acknowledge that* a funding reallocation request, once confirmed by the ASGBC Director of Finance and on the agenda, may be edited and **resubmitted no later than 48 hours** before the Board of Directors meeting in which it is appearing.

*I acknowledge that* the information submitted in this document is what will be considered by the Board of Directors. Any changes made to the request **less than 48 hours before** the meeting and **not resubmitted** will not be considered by the Board of Directors.

*I acknowledge that* funding reallocation requests will be reviewed on a case- by-case basis and that my request is relative to the education and success of Bellevue College students, as directed by the ASGBC Financial Code

*I acknowledge that* theASGBC Board allocations are subject to the S&A Fee Use Compliance and Guidance Document, Killian Guidelines, and applicable state laws, College regulations, policies, and procedures governing state funds generally and S&A funds in particular.

*I acknowledge that* a representative from my club/office/etc. **must** be present at the Board of Directors meeting where my request is being considered. It is encouraged that the representative be the club/program’s president or treasurer, but any active member of the club may be a representative.

Please sign to acknowledge receipt and understanding of the stipulations above: CLUB PRESIDENT SIGNATURE: CLUB TREASURER SIGNATURE: ADVISOR SIGNATURE:

If applicable:

PROGRAM/OFFICE COODINATOR SIGNATURE:

|  |  |
| --- | --- |
| Club/Program Name: |  |
| Student Name\*: |  |
| Student ID: |  |
| Student Phone Number\*: |  |
| Student BC Email\*: |  |
| Today’s Date: |  |

|  |  |
| --- | --- |
| Faculty/Staff Advisor(s): |  |
| Advisor(s) Phone  Number: |  |
| Advisor Signature: |  |

\*If you are not a student filling this form out, please respond to the applicable questions including name, email, phone number, etc.

ASGBC Board of Directors meetings are held weekly, with meeting information available on the ASGBC website.

When do you want your request to be considered by ASGBC Board of Directors?

* Next eligible meeting ☐ Other date:

|  |  |
| --- | --- |
| How much do you want to reallocate? | Where is the funding coming from? |
| $ | * ASGBC Funding Request, if so, when was it allocated? * S&A Funding * Other |

If applicable:

|  |  |
| --- | --- |
| How much total money were you allocated  from S&A? | How much money were you allocated in your  chosen category from S&A? |
|  |  |

|  |  |
| --- | --- |
| Where do you want to reallocate from? | Where do you want to reallocate to? |
| * Salaries and Benefits * Goods and Services * Other Expenses * Services * Travel | * Salaries and Benefits * Goods and Services * Other Expenses * Services * Travel |

Purpose of Reallocation

Additional notes or information: