



Allocation, Revision or Transfer Form

Amount: \$655 Date: 04 / 23 / 2018

Senate Bill 59

Sponsor(s) Senator Simm

From: Office Of Student Sustainability Expenses
Account Name Category

To: Food Recovery Network Expenses
Account Name Category

Or

Within:

From _____ To: _____
Account/Category Account/Category

Purpose & Description: (Use back of form for more space if needed)

To purchase carts, vests, and tarps for the Food Recovery Network.

Organization Director Hunter Becker Phone Number: 954-802-8899

Itemized Expenditures: Only use this area if ALL expenditures can be listed.

If ALL do not fit then use a separate sheet of paper and staple to this form when turning in.

Quantity	Description	Unit Price
	Total	0



THE FLORIDA STATE UNIVERSITY
 STUDENT GOVERNMENT ASSOCIATION
 STUDENT SENATE

Allocation, Revision or Transfer Form

Amount: 5000 Date: 04 / 25 / 2018

Senate Bill 60

Sponsor(s) Robertson

Hoffman

Hudson

From: Executive Projects

Account Name	Category
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To: The Navigators Expenses

Account Name	Category
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Or

Within:

From _____ To: _____
 Account/Category Account/Category

Purpose & Description: (Use back of form for more space if needed)

To provide equipment and resources to be used during Seminole Sensation Week

Organization Director _____ Phone Number: _____

Itemized Expenditures: Only use this area if ALL expenditures can be listed.
 If ALL do not fit then use a separate sheet of paper and staple to this form when turning in.

Quantity	Description	Unit Price
	Total	\$ 0.00



THE FLORIDA STATE UNIVERSITY
 STUDENT GOVERNMENT ASSOCIATION
 STUDENT SENATE

Allocation, Revision or Transfer Form

Amount: 5000 Date: 04 / 25 / 2018

Senate Bill 61

Sponsor(s) Robertson
Hoffman
Hudson

From: Senate Projects

Account Name Category

To: The Navigators Expenses

Account Name Category

Or

Within:

From _____ To: _____
 Account/Category Account/Category

Purpose & Description: (Use back of form for more space if needed)

To provide equipment and resources to be used during Seminole Sensation Week

Organization Director _____ Phone Number: _____

Itemized Expenditures: Only use this area if ALL expenditures can be listed.

If ALL do not fit then use a separate sheet of paper and staple to this form when turning in.

Quantity	Description	Unit Price
	Total	\$ 0.00