

**Lynchburg College
SGA Senate Budget Committee
Date Change Form**

Please fill out this form entirely and submit to the Hub of Drydale Student Center. Date change must be submitted AT LEAST 3 weeks before the event was originally scheduled. Please submit ORIGINAL BUDGET REQUEST with the request. Failure to do so, will result in the organization being responsible for payment.

Organization: _____
Original date submitted: _____
New date requested: _____
Reason for date change: _____

Event/Activity Title: _____
Purpose of Event/Activity: _____

Expected # of participants: _____ Is event open or closed (please circle)?
Location of event: _____ TOTAL COST _____

Person Completing Form: _____
Contact Information: (phone) _____ (email) _____

I, the listed President of the Organization on this form, hereby agree to all the rules and regulations set forth by SGA and understand that by signing this, I have read and understand the rules:

Signature of President Date

PRINT NAME

I, the listed Treasurer of the Organization on this form, hereby agree to all the rules and regulations set forth by SGA and understand that by signing this, I have read and understand the rules:

Signature of Treasurer Date

PRINT NAME

I, the Advisor of the organization on this form, have met with the officers to review the budget request and understand that is the responsibility of the organization president and treasurer to abide by the rules and regulations set forth by the SGA.

Signature of Advisor Date

PRINT NAME

For SGA use only:
Budget Date Change Approved: ____Y ____N Amount: _____