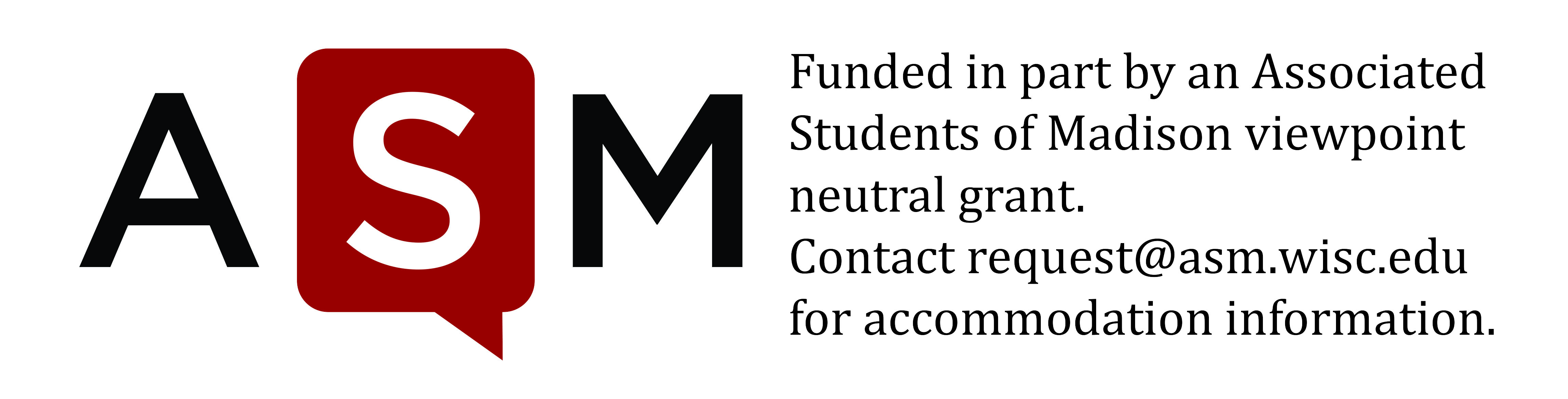
GSSF BUDGET ALTERATION REQUEST



**Student Services Finance Committee**

**Room 4301 ● 333 East Campus Mall ● 265-9020**

**SSFC Chair** [**ssfc@asm.wisc.edu**](mailto:ssfc@asm.wisc.edu)

**Reminder:** This form, along with the Budget Alteration Request Excel Template, must both be submitted by email to the SSFC Chair. Budget alterations involving a purchase must be completed at least 3 weeks before the purchase must be made. Requests submitted less than three weeks prior to a purchase are not considered.

Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_ Submission Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Contact Name (must be an authorized signer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Contact E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adding a *new* program? **Y/N** If **Y**, name of new program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSFC Chair Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) Approved\_\_\_\_\_\_Denied \_\_\_\_\_\_\_\_\_\_

Please complete the information below to request your budget change to SSFC for the current fiscal year. Please be aware that:

* You will need to verify that the attached form lists the same categories as were approved by the SSFC. **The budget request you submit must be consistent with how the SSFC approved your original budget.**
* Changes below 10% of your total budget only need approval from the SSFC Chair. However, the Chair can choose to forward your alteration request onto the committee for approval.
* Changes of 10% or more of your total budget need to be submitted by **April 1st** and approved by the full SSFC by no later than April 22nd.
* Changes under 10% must be submitted by April 22nd.
* Budget changes are cumulative for the fiscal year (e.g., if you make a change in Sept and Feb, those dollar changes should be added together to determine the percentage change of your total budget.)
* You must provide written explanation of the reason for the change(s).
* Email one copy of this form to the SSFC Chair Jordan Pasbrig (ssfc@asm.wisc.edu). Once the document has been reviewed, the SSFC Chair will contact the organization regarding the request.
* The results of the SSFC Chair or Committee’s decision will be sent to you via e-mail within 24 hours of when the decision is made.
* Budget changes need to be made in whole numbers (versus cents).
* In some cases, the organization's representative will be requested to present their budget change request to the full committee. The SSFC Chair will notify the organizational representative if this is requested.
* Budget alterations cannot transfer any dollars from salary to supplies and services line items without a ¾ vote of the SSFC.

Information related to the Excel (more instructions found on first worksheet of file):

* Fill out a Program Alteration form for every Program with a net budget increase or decrease (including a program being eliminated)
* You do not need to fill out a Program Alteration form for untouched Programs. However, do remember to **manually** sum all your Programs on the “GSSF Budget Alteration” tab.
* For every budget alteration please fill in all employee positions regardless of whether or not they are affected by the alteration

If you encounter any problems, or need any questions answered, please feel free to contact:

SSFC Chair [ssfc@asm.wisc.edu](mailto:ssfc@asm.wisc.edu);

SSFC Financial Specialist Mani Adibhatla, [nagamani.adibhatla@wisc.edu](mailto:nagamani.adibhatla@wisc.edu)

**Budget Alteration Narrative:**

1. Why are you requesting a budget alteration?
2. Please explain why the funds you are requesting be moved are no longer required in their originally approved line-item.

*If you are requesting any new Programs, please answer the following questions for each one (found on the next page)*

GSSF Group Name:

Program Name:

Program Date:

Program Duration:

Place/Venue:

On or Off Campus:

Co-Sponsorship?:

Revenue Producing Event?:

Est. # of Attendees for 2019-20:

\*Please answer all questions that apply to your program. Make sure to also fill out the spreadsheet for this program (found on page 5 of the Budget Alteration Excel Template). **After printing, collate these questions with the Excel so that the appropriate program spreadsheet is on top of the appropriate program narrative.** For definitions of the terms used in this sheet, please see the Eligibility Criteria.

**Overall Questions about the Program:**

1. What is this program for and how does it help fulfill your mission?
2. How will this program benefit the campus at large? If this program is off campus, please further elaborate on how that benefit will come back to campus.
3. If this program has been run in the past, please justify any increases/decreases in your proposed budget.
4. If you plan to Co-Sponsor this program with another organization(s), please explain why. Please also explain what each additional organization will be contributing, both programmatically and financially to the program.

**Questions about General Costs:**

1. Please explain the need for any “Overhead” Food/Beverages.
2. Please explain how apparel is essential to the success of this event.

**Questions about Travel Costs for Students/Professional Staff:**

1. Please explain why “Per Diem (Meals) for Students” is essential for students traveling.
2. Please explain any registration fees.

**Questions about Costs for Speakers:**

1. Please justify any money used for Honoraria/Speaker Fees.