## **Grant Augmentation Request**Use this form to request additional funds for an existing grant

Name of Student Organization		

A separate Grant Augmentation Request must be submitted for each program.

Grant/Program Title Account Number 8						
Indicate the s	semester(s) in which the program will tal	mated attendance/participants				
Where is the	program being held?					
			-			
	University Student Union	SRWC Perform	ming Arts Center	The Pyramid Other		
Amount origi	inally received from ASI:					
organization	revised budget for this program. For ead will contribute from its own funds. <i>The Co</i> Column B from Column A in Column C. The	olumn B total must equal 30% or mo is represents the amount of funds you	ore of the Column A total. Otherwater requesting from the ASI. You	rise, an "Error" message will appear. T must clear all error messages before s	he worksheet	
		А	В	С		
	Expense Category	Revised Program Expense	Organization's Updated Share of Cost	Revised Amount Requested from ASI		
	Flyers/Handbills			-		
	Promotional Items			\$ -		
	Newspaper/Media Advertising			\$ -		
	Photocopying/Printing			-		
	Posters			-		
	Costumes			-		
	Food & Drink (may not exceed 15% of total request)			-		
	Paper Supplies			-		
	Scenery/Decorations			-		
	Tools/Materials/Small Equipment			-		
	Campus Facility Charges			-		
	Off-Campus Facility Charges			-		
	Specialized Equipment Rental			-		
	Performers			-		
	Speakers/Lecturers			-		
	Scholarships/Awards*			-		
	Gifts*			-		
	Items for Opportunity Drawings*			-		
	Personal Property*			-		
	Conference Registration Fees**			-		
	Lodging**			-		
	Transportation**			-		
	TOTALS	-	\$ -	-		
	* Program expenses not covered by ASI. Requ	uired to determine total program cost.				
	** Available only for ASI grants originally award	ded for Student Organization Travel.				
Briefly state t	the reasons why the additional funds are	e necessary.				
Prepared by						
Print Na	nme	Signature		Date E-mail A	ddress	
Student Life	and Development Advisor					
Print Name Signature Date						
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