



Guggenheim HSA Request for Budget Increase

Committee: _____

Chairperson: _____

Date of Request: _____

Proposed Budget: _____

Amount of Increase: _____

Reason for Increase: _____

Requests for budget increase must be completed and submitted to the Co-Presidents **1 week prior** to the monthly HSA Meeting. Any increase of 10% of total budget or more than \$100 will require ADVANCE approval by the Treasurer and Executive Board.

All requests must be approved IN ADVANCE of spending.

For Treasurer's Use

Original Budget Amount _____

Amended Budget Amount _____

President: Approved / Declined

HSA Executive Board: Approved / Declined