**REQUEST FORM TO AMEND/REALLOCATE GPAC FUNDS**

*To be filled out and submitted by the designated financial officer within your organization*

**ORGANIZATION INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name:** |  | **Account #:** |  |
| **Requestor’s Name:** |  | **HawkID:** |  |
| **Requestor’s Email:** |  | **Phone #:** |  |

**FUNDING PERIOD**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FY:** |  |  | FY Budget | Supplemental I | Supplemental II | Supplemental III |

**REALLOCATION DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| *Original Event/Program/Purchase* | | | |
| **Event Name:** |  | **Line #:** |  |
| *New Event/Program/Purchase* | | | |
| **Event Name:** |  | | |
| **Description:** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *From* | |  | *To* | |
| **Amount** | **Item** |  | **Amount** | **Item** |
|  |  | → |  |  |
|  |  | → |  |  |
|  |  | → |  |  |
|  |  | → |  |  |
|  |  | → |  |  |

**PLEASE EMAIL YOUR COMPLETED FORM TO:** [**ecgps-gpac@uiowa.edu**](mailto:ecgps-gpac@uiowa.edu) **You will be contacted (at the email above) within 1-2 weeks after submission with the result.**