DATE: _______________________

Select One  ☐ WEASC  ☐ SCAWWA  ☐ JOINT COMMITTEE

COMMITTEE NAME: ________________________________
COMMITTEE CHAIR: ________________________________ PHONE: __________
CHAIR’S EMAIL ADDRESS: ____________________________

Expense Estimate Description(s):

________________________________________________________________________
$ __________________________
________________________________________________________________________
$ __________________________
________________________________________________________________________
$ __________________________
________________________________________________________________________
$ __________________________

TOTAL AMOUNT REQUESTED: $ __________________________
ORIGINAL BUDGET AMOUNT: $ __________________________
AMENDED BUDGET AMOUNT: $ __________________________

REQUEST MADE BY: ________________________________

FOR USE BY TREASURER
PRESENTED TO EXECUTIVE COMMITTEE FOR APPROVAL ON: __________________________
(Date Reviewed)

EXECUTIVE COMMITTEE ACTION:

☐ APPROVED  ☐ DENIED
(If approved, is this a Budget Transfer or Appropriation of Funds?)

☐ BUDGET TRANSFER  ☐ APPROPRIATION OF FUNDS

CATEGORY/CLASS/ACCT# ____________________________
CATEGORY/CLASS/ACCT# ____________________________
CATEGORY/CLASS/ACCT# ____________________________

FORM: SCWO03 (Apr 2019)
SCAWWA-WEASC Request for Additional Funds Form V1 4-8-19.xlsx