

Texas A&M-Kingsville | Student Activities SOFC Reallocation Request Form

3. Primary Contact Information NAME: PHONE NUMBER: NAME: PHONE NUMBER: Amount Awarded: Type a brief reason for your reason of reallocation. Attach it to this form along with any documentation previously presented to the Office of Student Activities. Include any e-mails (sent or received) regarding your SOFC Award, a copy of your SOFC Application Packet, and your SOFC Award Letter. President's Signature Date Office Use Only: Approved: Yes No Approved By:Initials	1. Name of Organization:			2. Agency Account Number:	
NAME: PHONE NUMBER: NAME: PHONE NUMBER: Amount Awarded:					
NAME: PHONE NUMBER: NAME: PHONE NUMBER: Amount Awarded:	3. Primary Contact Inform	nation	4. Alternative Contact Information		
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President's Signature Date Office Use Only: Approved: Yes No Approved By:	☐ Reallocate Funds:	Amount- \$			
Advisor's Signature Date Office Use Only: Approved: Yes No Approved By:	previously presented to the	ne Office of Student Activ	vities. Include an	y e-mails (sent or received)	
Office Use Only: Approved: ☐ Yes ☐ No Approved By:	President's Signature		Date		
Approved: Approved By:	Advisor's Signature		Date		
	Approved: □ Ye	es 🗆 No		Date Stamp Area	
Leadership Coordinator's Signature Date	Leadershin Coordinator's	: Signature	Date		