

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Person Number: \_\_\_\_\_

**Deadline:** Budget Increase Request forms and all supporting documentation must be submitted at least 2 weeks prior to the end of the semester or your last date of enrollment for the academic year.

**Instructions:** Submit this completed worksheet to document your away rotation expense to support your request for a budget increase. If expenses are shared by other individuals (i.e. Airbnb is split with another student), only enter the amount you are responsible for.

| Away Rotation Course                                                                                                                      |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| What semester are you enrolled in the course?                                                                                             | Fall 2025 _____ Spring 2026 _____ |
| What is the course number for the away rotation?                                                                                          | (i.e. EMM 890) _____              |
| Monthly Housing Expenses                                                                                                                  |                                   |
| What was your individual cost of housing for the rotation?<br><br><b>Please provide housing receipts in your name.</b>                    | \$ _____                          |
| Additional Rotation Expenses                                                                                                              |                                   |
| Did you have additional costs for transportation?<br>(i.e. Gas, Tolls, Subway Pass)<br><br><b>Please provide transportation receipts.</b> | \$ _____                          |
| Other applicable costs occurred in your name.<br><br><b>Please provide receipts in your name.</b>                                         | \$ _____                          |
| Certification and Signature                                                                                                               |                                   |

I certify that all information provided in this document is true, complete, and accurate to the best of my knowledge. I attest that I have reviewed the standard COA for my academic level and have attached all required documentation. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University at Buffalo to make any change(s) necessary because of the updated information that I have provided.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Cannot be typed)