



Permanent

One Time

DATE _____

Please indicate the type of budget change you are requesting:

BUDGET INCREASE

ORIGINAL BUDGET

BUDGET TRANSFER

The following information must be complete and accurate before a budget change will be processed:

INCREASE					
Index Name	INDEX	FUND	ACCT	ORG	INCREASE
TOTALS					

DECREASE					
Index Name	INDEX	FUND	ACCT	ORG	DECREASE
TOTALS					

Purpose for request (additional supporting information may be attached):

Requested by: _____

_____ Date

Approval Recommended : _____

Dean/Vice President

_____ Date

Approved By : _____

President/VP Finance

_____ Date

Submit completed form, with appropriate authorization, to Budget Office personnel. The Budget Office may contact the department, dean, or VP for additional information. Original budget type requests will require Vice President of Finance & Operations approval.

Note: Division Vice-President's signature may be required on certain transfers.

***Change of budget should balance, unless requesting budget from fund balance or establishing original budget.**