

BUDGET REVISION REQUEST FORM / REQUEST TO USE FUND BALANCE FORM

Form prepared by: _____ Department: _____ Ext. _____ Date: _____

IMPORTANT →

Select One: A Permanent Budget Change (Change applicable to future years as well)
 A Temporary Change (Change for the Current Fiscal Year only)

Reference: _____

Note: Use whole dollar amounts (no 'cents').

TRANSFER FROM:		Appr Index	Program	Org
Budget Number:				
Name / Title of Budget: _____				
Below, please identify which Sub-Object to transfer funds from:				
EXPENDITURES	Sub- Object (SOBJ)	Amount (in whole \$)	Title / Position / Name (for Salaries only)	
Salaries	A			
<i>SOBJ example:</i>	A			
<i>Student Hourly is AM</i>	A			
<i>Non-Student Hourly is AD</i>	A			
Benefits	B A	OASI		If exact benefits are not known, please enter an estimate. The Budget Office is available for assistance.
<i>calculation depends</i>	B B	RETIREMENT		
<i>on sub-object above</i>	B C	MED/IND INS		
	B D	HEALTH		
	B F	UNEMPLYMT		
Personal Services	C			
Goods & Services	E			
Travel	G			
Equipment	J			
OTHER - Insert SOBJ				
OTHER - Insert SOBJ				
Student Fin Aid	N Z			
Overhead	T EIC			
Revenue Source Code				
REVENUE	Sub- Object (SOBJ)	Amount (in whole \$)		
Insert SRC-REV code				
Insert SRC-REV code				
TOTAL BUDGET INCREASE/DECREASE				

TRANSFER TO:		Appr Index	Program	Org
Budget Number:				
Name / Title of Budget: _____				
Below, please identify which Sub-Object to transfer funds to:				
EXPENDITURES	Sub- Object (SOBJ)	Amount (in whole \$)	Title / Position / Name (for Salaries only)	
Salaries	A			
<i>SOBJ example:</i>	A			
<i>Student Hourly is AM</i>	A			
<i>Non-Student Hourly is AD</i>	A			
Benefits	B A	OASI		If exact benefits are not known, please contact the budget office for an estimate.
<i>calculation depends</i>	B B	RETIREMENT		
<i>on sub-object above</i>	B C	MED/IND INS		
	B D	HEALTH		
	B F	UNEMPLYMT		
Personal Services	C			
Goods & Services	E			
Travel	G			
Equipment	J			
OTHER - Insert SOBJ				
OTHER - Insert SOBJ				
Student Fin Aid	N Z			
Overhead	T EIC			
Revenue Source Code				
REVENUE	Sub- Object (SOBJ)	Amount (in whole \$)		
Insert SRC-REV code				
Insert SRC-REV code				
TOTAL BUDGET INCREASE/DECREASE				

Important: the overall change (to/from) must equal zero: ...unless this represents new funding or the loss of funding.

**Reason for the Change(s)
Explanation / Justification
Comments & Questions**

APPROVAL		
Date	Signature of Budget Signing Authority	If applicable, VP Signature & Date

Please forward the completed form to the Budget Office who will verify the transfer & confirm the calculations, noting the benefits above may be modified.

Budget Office Review: _____ Date: _____

Revision Number: _____ Date Change Entered: _____ Budget Office: DT - A328 / Contact: 7283