

**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').

<b>TRANSFER FROM:</b>		Appr Index	Program	Org
Budget Number:		<input type="text"/>	<input type="text"/>	<input type="text"/>
Name / Title of Budget: _____				
<b>Below, please identify which Sub-Object to transfer funds from:</b>				
<u>EXPENDITURES</u>	Sub- Object (SOBJ)	Amount (in whole \$)	Title / Position / Name (for Salaries only)	
Salaries	A	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>SOBJ example:</i>	A	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Student Hourly is AM</i>	A	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Non-Student Hourly is AD</i>	A	<input type="text"/>	<input type="text"/>	<input type="text"/>
Benefits	B A	OASI	<input type="text"/>	<input type="text"/>
<i>calculation depends on sub-object above</i>	B B	RETIREMENT	<input type="text"/>	<input type="text"/>
	B C	MED/IND INS	<input type="text"/>	<input type="text"/>
	B D	HEALTH	<input type="text"/>	<input type="text"/>
	B F	UNEMPLYMT	<input type="text"/>	<input type="text"/>
Personal Services	C	<input type="text"/>	<input type="text"/>	<input type="text"/>
Goods & Services	E	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travel	G	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equipment	J	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER - Insert SOBJ	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER - Insert SOBJ	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Fin Aid	N Z	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overhead	T EIC	<input type="text"/>	<input type="text"/>	<input type="text"/>
Revenue Source Code				
<u>REVENUE</u>	Sub- Object (SOBJ)	Amount (in whole \$)		
Insert SRC-REV code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insert SRC-REV code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL BUDGET INCREASE/DECREASE</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>TRANSFER TO:</b>		Appr Index	Program	Org
Budget Number:		<input type="text"/>	<input type="text"/>	<input type="text"/>
Name / Title of Budget: _____				
<b>Below, please identify which Sub-Object to transfer funds to:</b>				
<u>EXPENDITURES</u>	Sub- Object (SOBJ)	Amount (in whole \$)	Title / Position / Name (for Salaries only)	
Salaries	A	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>SOBJ example:</i>	A	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Student Hourly is AM</i>	A	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Non-Student Hourly is AD</i>	A	<input type="text"/>	<input type="text"/>	<input type="text"/>
Benefits	B A	OASI	<input type="text"/>	<input type="text"/>
<i>calculation depends on sub-object above</i>	B B	RETIREMENT	<input type="text"/>	<input type="text"/>
	B C	MED/IND INS	<input type="text"/>	<input type="text"/>
	B D	HEALTH	<input type="text"/>	<input type="text"/>
	B F	UNEMPLYMT	<input type="text"/>	<input type="text"/>
Personal Services	C	<input type="text"/>	<input type="text"/>	<input type="text"/>
Goods & Services	E	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travel	G	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equipment	J	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER - Insert SOBJ	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER - Insert SOBJ	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Fin Aid	N Z	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overhead	T EIC	<input type="text"/>	<input type="text"/>	<input type="text"/>
Revenue Source Code				
<u>REVENUE</u>	Sub- Object (SOBJ)	Amount (in whole \$)		
Insert SRC-REV code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insert SRC-REV code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL BUDGET INCREASE/DECREASE</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>

**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