

# Budget Request

## Budget Change & Additional Appropriation

Increase (Fund/Org Title) \_\_\_\_\_ Fund \_\_\_\_\_ Org \_\_\_\_\_

Decrease (Fund/Org Title) \_\_\_\_\_ Fund \_\_\_\_\_ Org \_\_\_\_\_

Budgetary Area	Budget Pool Account Code	Amount Increase	Amount Decrease
Faculty Salaries <i>Regular, Adjunct, Continuing Education Instructors</i>	6000	\$ _____	\$ _____
Staff Salaries <i>Professional, Classified, Benefit Eligible</i>	6100	\$ _____	\$ _____
Graduate Assistants <i>Non-Teaching Graduate Assistants, Graduate Teaching Assistants</i>	6200	\$ _____	\$ _____
Student Salaries	6300	\$ _____	\$ _____
Non-Student Salaries <i>Temporary, Part-time Non Benefit Eligible</i>	6400	\$ _____	\$ _____
Fringe Benefits	6500	\$ _____	\$ _____
Travel	7000	\$ _____	\$ _____
Operational	7200	\$ _____	\$ _____
Utilities	7400	\$ _____	\$ _____
Scholarships	7500	\$ _____	\$ _____
Capital Outlay	7600	\$ _____	\$ _____
<b>Total</b>		<b>\$ _____</b>	<b>\$ _____</b>

Will Continued funding be necessary? \_\_\_\_ Yes \_\_\_\_ No

Justification: Explain why the above transfer or additional allocation is necessary.

**\*This form should NOT be used to transfer funds to/fund grant funds or to change fund or organization numbers on expenditures that have already occurred. (Please contact the Business Office for these.)**

Budgetary Unit Head	Date	Senior Administrator	Date
Administration and Finance	Date	President	Date
J _____	_____	_____	_____
Document No.	Posted By	Date	