Budget Request

Budget Change & Additional Appropriation

Increase:	Fund/Org Title		Fund	Org
Decrease:	Fund/Org Title		Fund	Org
Budgetary Area		Budget Pool Account Code	Amou Increa	
Faculty Salaries Regular, Adjunct, Continuing Education Instructors		6000	\$	\$\$
Staff Salaries Professional, Classified, Benefit Eligible		6100	\$	\$
Graduate Assistants Non-Teaching Graduate Assistants, Graduate Teaching Assistants		6200	\$	\$
Student Salaries		6300	\$	\$
Non-Student Salaries Temporary, Part-time Non Benefit Eligible		6400	\$	\$
Fringe Benefits		6500	\$	\$
Travel		7000	\$	\$
Operational		7200	\$	\$
Utilities		7400	\$	\$
Scholarships		7500	\$	\$
Capital Outlay		7600	\$	\$
Total			\$	\$
Will Continue	d 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
Document No.	Posted By	Date	