

**REQUEST FOR OPERATING BUDGET  
OR  
BUDGET REVISION**

DOC ID \_\_\_\_\_

NEW  REVISED

TRANS. DATE: \_\_\_\_\_

ACCTG. PRD.: \_\_\_\_\_

TRANSFER WITHIN BUDGET

INCREASE/DECREASE BUDGET

BUDGET FY: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ FUND \_\_\_\_\_ AREA \_\_\_\_\_ ORG. \_\_\_\_\_ PERIOD \_\_\_\_\_

REVENUE SOURCE	DESCRIPTION	ORIGINAL/OR CURRENT BUDGET	REVISED BUDGET	INCREASE (DECREASE)

**TOTAL, REVENUE**

EXPENSE OBJECT	DESCRIPTION	ORIGINAL/OR CURRENT BUDGET	REVISED BUDGET	INCREASE (DECREASE)

**TOTAL, EXPENSE**

REMARKS, SPECIAL INSTRUCTIONS: (Attach Additional Pages if Needed)

**PERMANENT BASE CHANGE:    YES    NO (TO BE REFLECTED IN FUTURE OPERATING BUDGETS)**

APPROVAL AND ROUTING (Forward all copies)

\_\_\_\_\_  
Account Manager

\_\_\_\_\_  
Department Chairman

\_\_\_\_\_  
Dean/Research Services

\_\_\_\_\_  
Division Vice Provost / Vice Chancellor / Vice President

\_\_\_\_\_  
Institutional Budget Officer

\_\_\_\_\_  
Chief Fiscal Officer

SPONSORED PROJECT PROGRAM INCOME ( ) YES  
(If yes, see attached) ( ) NO

PROHIBITED CODES \_\_\_\_\_

APPROVAL

ACCOUNTING SERVICES

GRANTS & CONTRACTS

BUDGET OFFICE