BUDGET REVISION FORM

Budget Increases		Budget Decreases	
Account #	Amount	Account #	Amount
TOTAL	$_____	TOTAL	$_____

Please check one of the following:

____ This is a temporary revision - (affects only the current fiscal year)

____ This is a permanent revision - (affects current and future fiscal years)

Comments

_____

_____

Requested By: _____ Date: _____

Signature

Send form to Comptroller, Campus Box 2900

_____

Accounting Office Use Only

Date of Entry_____ Initials_____

B#_____