

This form is used to request changes in budgeted amounts assigned to budget pools and non-pooled account numbers within a budget or between budgets.

CAUTION: DO NOT process budget revisions directly to accounts participating in budget pools. To do so will eliminate the accounts from participation in the Automatic Budget Reallocation (ABR) rule. Reference

Budget	t Revision				to the accounts li	sting sheets to check	whether an account par	ticipates in a pool.			
						* Base Lev	vel Adj #				
PAGE	OF										
CURRENT FISCAL YEAR						JV # SEQ #					
One Time Only: Permanent:						***************************************					
NEXT FISCAL YEAR						DATE PROCESSED					
One Time Only: Permanent:											
						PROCES	SSOR INITIALS				
	Choose One		INCREASE				Choose	One	DECREASE		
* Rule	Fund	Org	Acct	* Prg		* Rule	Fund	Org	Acct	* Prg	
Code	Number	Number	Number	Code	Amount	Code	Number	Number	Number	Code	Amount
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										_	
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		-									
REVENUE INCREASE \$						REVENUE DECREASE \$					¢
EXPENSE INCREASE \$									EXPENSE DECREASE		\$
INCREASE TOTAL \$									DEC	CREASE TOTAL	\$
*				HASH TOTAL	\$	*				HASH TOTAL	\$
Justification:											
						*					
Fund/Org Administrator Date							APPROVED		DISAPPROVED		
Phone #	Mail Looption		•								
Phone #	Mail Location					_				_	
			_		_	Bu	udget Office Signature				Date
Director/Dean/VP Initials				Date	•		-				

NOTE: Form must be submitted to the Budget Office. We suggest that you make a copy of this form for your files prior to submission to the Budget Office.

<sup>\*</sup> Shaded areas are for Office of the Budget use only.