BUDGET REVISION REQUEST FORM / SBA FUND TRANSFER FORM

Form prepared by: _____   Department: _____   Ext. _____   Date: _____

IMPORTANT →   **Select One:** ☐ **A Permanent Budget Change (Change applicable to future years as well)**   Reference: _____

☐ **A Temporary Change (Change for the Current Fiscal Year only)**   Note: Use whole dollar amounts (no 'cents').

TRANSFER FROM:	Appr Index	Program	Org
Budget Number:			
Name / Title of Budget:			

Below, please identify which Sub-Object to transfer funds from:

EXPENDITURES	Sub-Object (SOBJ)	Amount (in whole $)	Title / Position / Name (for Salaries only)
Salaries	A		
SOBJ example:	A		
Student Hourly is AM	A		
Non-Student Hourly is AD	A		
Benefits	B A OASI		If exact benefits are
calculation depends	B B RETIREMENT		not known, please
on sub-object above	B C MED/IND INS		enter an estimate.
	B D HEALTH		The Budget Office is
	B F UNEMPLYMT		available for assistance.
Personal Services	C		
Goods & Services	E		
Travel	G		
Equipment	J		
OTHER - Insert SOBJ			
OTHER - Insert SOBJ			
Student Fin Aid	N Z		
Overhead	T EIC		

Revenue Source Code

REVENUE	Sub-Object (SOBJ)	Amount (in whole $)	
Insert SRC-REV code			
Insert SRC-REV code			
TOTAL BUDGET INCREASE/DECREASE			

TRANSFER TO:	Appr Index	Program	Org	Write NEW if a new Budget # is required.
Budget Number:				
Name / Title of Budget:				

Below, please identify which Sub-Object to transfer funds to:

EXPENDITURES	Sub-Object (SOBJ)	Amount (in whole $)	Title / Position / Name (for Salaries only)
Salaries	A		
SOBJ example:	A		
Student Hourly is AM	A		
Non-Student Hourly is AD	A		
Benefits	B A OASI		If exact benefits
calculation depends	B B RETIREMENT		are not known,
on sub-object above	B C MED/IND INS		please contact the
	B D HEALTH		budget office
	B F UNEMPLYMT		for an estimate.
Personal Services	C		
Goods & Services	E		
Travel	G		
Equipment	J		
OTHER - Insert SOBJ			
OTHER - Insert SOBJ			
Student Fin Aid	N Z		
Overhead	T EIC		

Revenue Source Code

REVENUE	Sub-Object (SOBJ)	Amount (in whole $)	
Insert SRC-REV code			
Insert SRC-REV code			
TOTAL BUDGET INCREASE/DECREASE			

Important: the overall change (to/from) must equal zero: [_____]   …unless this represents new funding or the loss of funding.

Reason for the Change(s)
Explanation / Justification
Comments & Questions

APPROVAL

Date _____   Signature of Budget Signing Authority _____   If applicable, VP Signature & Date _____

Please forward the completed form to the Budget Office who will verify the transfer & confirm the calculations, noting the benefits above may be modified.

Budget Office Review: _____   Date: _____

Revision Number: _____   Date Change Entered: _____   Budget Office: Administration Building / Room 1021 / Contact: 546-6955 or 546-6926

Revised 4-18-12