

SAM HOUSTON STATE UNIVERSITY BANNER BUDGET CHANGE REQUEST

FY _____

Permanent _____

One Time _____

DATE _____

Please indicate the type of budget change you are requesting:

BUDGET INCREASE _____

ORIGINAL BUDGET _____

BUDGET TRANSFER _____

The following information must be complete and accurate before a budget change will be processed.

INCREASE					
Fund Name	FUND	ORG	ACCT	PROG	INCREASE
TOTALS					

DECREASE					
Fund Name	FUND	ORG	ACCT	PROG	DECREASE
TOTALS					

Purpose for request (additional supporting information may be attached):

Requested by: _____

Approval: _____

_____ Date

Approval Recommended : _____

Dean/Director/Associate Vice-President/Assistant Vice President

_____ Date

Approved: _____

Division Vice-President

_____ Date

Approved: _____

Director of Budget

_____ Date

Approved: _____

Vice-President of Finance

_____ Date

Approved: _____

President

_____ Date

Note: President's signature is required on all (1) transfers from fund balance, (2) increase to budget, and (3) changes required for new full-time positions.

Change of Budget should be in balance unless budgeting from fund balance or excess revenue.