

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.