

Request to Fiscal Office for budget Amendment

Account Number: _____

Account Name: _____

| | Increase | Decrease |
|-------------------------------|----------|----------|
| Monthly Payroll (51110 | | |
| Regular Hourly (51130) | | |
| Student Hourly (51200 | | |
| Staff Benefits (51900) | | |
| Travel (64000) | | |
| Expense (71000) | | |
| Equipment (84000) | | |
| Holdback (91000) | | |
| | | |
| TOTAL* | | |

Requested by: _____

Date: _____

*Total Increase must be equal Total Decrease