CONCORD UNIVERSITY

BUDGET CHANGE REQUEST FORM
EFFECTIVE FOR THE YEAR _____

Date Submitted: _____ Submitted By: _____

Fund	Org.	Account No.	Current Budget	Change Increase or (Decrease)	Revised Budget
		TOTALS	-	-	-

Reason for change:

_____

_____

_____

Authorization: _____
(Department Head)

Authorization: _____
(Dean/Vice President)

1 **Budget changes within the bottom line and within the same category require the signature of the Department Head. It is the responsibility of the Department Head to notify their Dean/Vice President of**

2 Budget changes between organizations should have the signature of both Department Heads and Dean/Vice President.

OFFICE USE ONLY

Ref. #	Date	Initial