TROY UNIVERSITY

Request for Budget Revision/Transfer of Budgeted Funds

Department: _____

Requested by: _____ **Date:** _____

Account Title Description	**Account Number (xxx-xxxxxxx-xxxxx-xxx)**	**Approved Allocated Budget to Date**	**Debit Amount** Increase in Expense Decrease in Revenue	**Credit Amount** Decrease in Expense Increase in Revenue	**Approved/Revised Budget**

Purpose of Revision:

APPROVAL: _____ **DATE:** _____

Director/Dean/Associate VC/SVC

APPROVAL: _____ **DATE:** _____

Dr. Jim Bookout, SVC for Finance and Business Affairs

Print Form

All budget revisions must be approved before adjustments are made to the General Ledger.

TROY Publications 102-100 Rev. 12/13