Truman State University
REQUEST FOR CHANGE IN BUDGET

Instructions:

1. Please complete the boxes below for each budget to be changed.
2. An explanation must be included for the change to be processed.
3. The totals for increases and decreases must be equal.
4. Obtain all required signatures.
5. If the budget being changed is not one that you administer, the administrator for that budget must also sign this request, indicating agreement with the proposed budget change. If budgetary unit reports to more than one administrator, each administrator must sign this request in the appropriate signature block.
6. Amounts transferred within the same organization number and within operations/equipment categories amounting to less than $2,000 will not require the signature of the Budget Director or the President. Once the appropriate President's Staff member signature has been obtained the form may go directly to the Business Office for data entry.

Fund #	Organization #	Account #	Program #	Organization/Budget Title	Account Title	Increase	Decrease
							$0.00
					Total	$0.00	$0.00

Do any total increases involve items for which there is no budget currently? ○ Yes ○ No

Explanation for Budgetary Change:

Change Requested by:_____ _____
(Signature) (Date)

Dean/Department Head Signature and Date _____ _____
(Co-Signature—see #5 above)

President's Staff Signature and Date _____

Budget Director Signature and Date (if applicable)_____

President's Signature and Date (if applicable)_____

Distribution after final approval: Original-Accounts Payable; Photocopies to Budget Office, Requesting Office, and other offices as appropriate.