Augusta State University

Budget Amendment Form

Rev. Oct-03

Prepared by: _____

Phone Extension: _____

Date Prepared: _____

☐ **Mark if this is a Permanent Amendment**

For Fiscal Year: _____

Instructions: In the first box, indicate whether you are adding "to" the account or taking funds "from" the account. In the next column, enter the account description. In the following six fields, enter the respective numbers. If the change you are requesting do not affect a project or grant, leave the Proj./Grant field blank. In the next column, indicate the dollar amount you want to adjust the account by. The final column is for Budget Office use only. Please fax the form with appropriate signatures to 706-434-5789. Keep the original for your records. All amendments must be in whole dollar amounts.

To or From	Account Description	Fund	Dept ID	Program	Class	Project/Grant	Account Code	Dollar Amount	Journal Number Budget Use Only
To								$0	
To								$0	
To								$0	
To								$0	
To								$0	
To								$0	
To								$0	
To								$0	
To								$0	
							Net Transfer:	$0	

Reason for Amendment:

_____ _____

Department Head Signature **Date**

_____ _____

Dean Signature **Date**

_____ _____

Vice President Signature **Date**