

Jacksonville State University

Request for Budget Transfer / Change

Date: _____

Requesting Organization: _____

Budget Unit Manager: _____

BUDGET CHANGES REQUESTED

Budget Account(s) to be INCREASED	Amount Increase Requested
TOTAL AMOUNT INCREASED	
Budget Account(s) to be DECREASED	Amount Decrease Requested
TOTAL AMOUNT DECREASED	

Justification for changes: _____

Requested by: _____ Date: _____

Approved by: _____ Date: _____