INSTRUCTIONS:

Budget revisions will be made in accordance with the approved University Budget Policies.

Include position number, if applicable.

Use a RED PEN ONLY, when completing the form.

BUDGET REVISION
TEMPORARY

Fiscal Year _____

Budget Department Use Only

TYPE	B	D	0	4
DOC NO.	B	U	D	
DATE				
DOC TOTAL	$			

Orgn Name	Pos. No.	Orgn - Acct	Increase	Decrease	+ -	Transaction Description
		TOTAL				

Remarks: _____

_____

_____

Recommended _____ Date _____

Approved _____ Date _____