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
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Remarks: _____

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Recommended _____ Date _____ Approved _____ Date Date