

BUDGET MODIFICATION

SUPERVISOR'S APPROVAL _____

DATE _____

For Office Use Only: Change completed by _____ Date completed _____

Forward processed BUDMOD to: _____

FROM's

The FROM's and the TO's must equal to each other

TO's

NAME OF ACCT _____ BUDGET ACCT NUMBER _____ fund func obj scc il job AMOUNT \$ _____	NAME OF ACCT _____ BUDGET ACCT NUMBER _____ fund func obj scc il job AMOUNT \$ _____
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This budget modification form must be completed and sent to the fiscal department in order to have money moved within your budget accounts.
A copy of this completed BUDMOD will be forwarded to you or to designated person as completed on this form.