

BRR

(Document Number)

BUDGET REVISION REQUEST

To: Office of Planning, Budget, and Policy Analysis

From: _____
(Name) (Telephone)

The requested expenditure adjustment(s) shown below are based on revised income estimates for:

Account Title _____ Department Number _____
Corp _____ Fund _____ Department Name _____

REVENUE

Account No.	Revenue Subcode	User Code	Current	Revised	Amount of Change
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

EXPENDITURE

Account Number	PCS	Object Code	Position No.	User Code	Current	Revised	Amount of Change
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

Dean/Director/President LCC

Vice President/Provost

RECURRING NONRECURRING

Explanation (Programmatic impact of expenditure change; basis for revenue estimate). Attach additional pages, if needed.

-----For Planning, Budget and Policy Analysis Office Use Only-----

To: _____
The above request will be submitted to the Board of Trustees at their meeting on _____

To Controller:
The above request was approved by the Board of Trustees on _____ and is transmitted to you for implementation.

Budget Director

Vice President for Planning, Budget & Policy Analysis

Date Revised 4/04