

Northwest-Shoals Community College
Business Office

Budget Adjustment Request

NOTE: This form must be used when a change to the approved budget is being proposed. Any proposed increase in expenditures for an account must be accompanied by a proposed shift in funds from another expenditure account, anticipated additional revenues, or some combination of the two.

Date: _____
Department: _____

Proposed Adjustments:

___ Increase:	Account Number:	_____	Amount:	_____
___ Increase:	Account Number:	_____	Amount:	_____
___ Increase:	Account Number:	_____	Amount:	_____
___ Increase:	Account Number:	_____	Amount:	_____
___ Decrease:	Account Number:	_____	Amount:	_____
___ Decrease:	Account Number:	_____	Amount:	_____
___ Decrease:	Account Number:	_____	Amount:	_____
___ Decrease:	Account Number:	_____	Amount:	_____
___ Other Funds:	Account Number:	_____	Amount:	_____

Justification for the Request: _____

Restricted Programs – Does this Adjustment Require Funding Agency Approval:

___ Yes ___ No Explain: _____

Division Chair/Department Head/
Restricted Program Director

Chief Fiscal Officer

Approved: _____

Dean/Vice President

President

Original to Business Office. One Copy each to: Dean/Vice President and Division Chair/Department Head/Director