

**CLAFLIN UNIVERSITY  
BUDGET REVISION FORM**

DEPARTMENT \_\_\_\_\_

DEPT.# \_\_\_\_\_

ITEM	ACCOUNT NAME	ACCOUNT NUMBER	Remaining Amount of CURRENT BUDGET (a)	CHANGE (+)/(-)	ADJUSTED BUDGET
1					-
2					-
3				-	-
4			-	-	-
5			-	-	-
7			-	-	-
8			-	-	-
9					-
10					-
11			-	-	-
12			-	-	-
					-
					-
<b>TOTAL</b>			-	-	-

(a) - Original budget amount, less expenditures, less encumbrances, less previous adjustments.

**REASON FOR CHANGE:**

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REQUESTED BY: \_\_\_\_\_

DATE \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

DATE \_\_\_\_\_

DIVISION CHAIR

APPROVED BY: \_\_\_\_\_

DATE \_\_\_\_\_

VICE PRESIDENT FOR DIVISION

APPROVED BY: \_\_\_\_\_

DATE \_\_\_\_\_

VICE PRESIDENT FOR FISCAL AFFAIRS

APPROVED BY: \_\_\_\_\_

DATE \_\_\_\_\_

CHIEF ACCOUNTANT

POSTED BY: \_\_\_\_\_

DATE \_\_\_\_\_