

Mississippi University for Women

Budget Adjustment Request

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|--|------------------------------|
| Request budget adjustment within the same fund | Request Number (optional) |
| Fiscal Year July 1, ____ to June 30, ____ be transferred as follows: | |

| Fund Number | Organization Number | Account Number | Current Budget (in Banner) | Requested Adjustment | Adjusted Budget |
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| Totals | | | | | |

Justification:

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|--|---------------------------|
| Budget Manager <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Signature and Date |
| Supervising Cabinet Member <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Signature and Date |
| Director of University Accounting <input type="checkbox"/> Verifies Funds Available | Signature and Date |
| VP for Finance & Administration <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Signature and Date |