

Bridgewater College

BUDGET ADJUSTMENT REQUEST

Use this form to submit budget adjustment requests, operating or capital, if the amount is greater than \$100 in either direction. Please attach a copy of all relevant documentation (decision papers, estimates, etc.)

Budget Year (2006-07, etc.) _____

Date of Request _____

Department _____

Account Name _____

General Ledger Number _____
 (required; please contact Business Office for assistance if needed)

Amount _____
 (please use + or - to indicate increase or decrease as appropriate)

Please define in distribution table - enter as dollars(\$), total must equal amount of adjustment:

July -	August -	September -	October -
November -	December -	January -	February -
March -	April -	May -	June -

Brief description of reason for adjustment and justification:

Requested by (budget department manager): _____

Phone extension: _____

Email address: _____

Approved by*: _____
 (signatures with dates)

*If less than \$2000: approval of departmental VP and VP for Finance required. If greater than \$2000: President's approval also required.

Please submit completed form to: Anne Keeler, VP for Finance, Flory 110