THE UNIVERSITY OF AKRON
BUDGET AMENDMENT ("BA") REQUEST FORM

TO: **RESOURCE ANALYSIS AND BUDGET (ZIP +6202)**
Administrative Services Building (ASB) - Room 160M ext. 6520

FROM:

DATE:

2018-2019
(Fiscal Year)

	FROM					
		Speed Type (pre-Psoft acct #)	Department Name or Incumbent	Department # or Position #	Pool Account	Amount
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
			Total			

	TO					
		Speed Type (pre-Psoft acct #)	Department Name or Incumbent	Department # or Position #	Pool Account	Amount
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
			Total			

INSTRUCTIONS:

1. To be used for temporary or permanent budget revisions within a particular fund.
2. Must be attached to **Personnel Action Form or Job Requisition Form** if a personnel revision.
3. Please indicate in the first column the nature of the revision by placing a **"T"** for **temporary** or **"P"** for **permanent.** A **temporary** revision is for one fiscal year only, while a **permanent** revision will be reflected in future fiscal years and requires approval from the Director, Office of Resource Analysis and Budget.

EXPLANATION: _____

_____

REQUESTED BY: _____ **DATE:**_____
(Director/Dept. Head)

APPROVED BY: _____ **DATE:** _____
(if applicable) (VP/Dean)

Budget Office Entry #: _____
(Budget Office Use only)