

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

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

**FROM:**

**DATE:**

**2020-2021**  
(Fiscal Year)

<b>FROM</b>						
		Speed Type (pre-Psoft acct #)	Department Name or Incumbent	Department # or Position #	<a href="#">Pool Account</a>	Amount
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
			Total			

<b>TO</b>						
		Speed Type (pre-Psoft acct #)	Department Name or Incumbent	Department # or Position #	<a href="#">Pool Account</a>	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 #: _____
<i>(Budget Office Use only)</i>