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

TO: **RESOURCE ANALYSIS AND BUDGET (ZIP +6202)**
Administrative Services Building (ASB) - Room 160M ext. 6520 **OR**
E-mail to: budgetoffice@uakron.edu

FROM:

DATE:

2018-2019
(Fiscal Year)

	FROM					
		Speed Type (pre-Psoft acct #)	Department Name or Incumbent	Department # or Position #	Pool Account	Amount
	1.				8900	
	2.					
	3.					
	4.					
	5.					
			Total			

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

INSTRUCTIONS:

1. To be used for requested use of carryover funds.
2. Must include written justification of purpose and fiscal need.

EXPLANATION: _____

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

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

APPROVED BY: _____ **DATE:** _____
(CFO)

APPROVED BY: _____ **DATE:** _____
(President)

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