

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

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

**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.				8900	
	2.					
	3.					
	4.					
	5.					
			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.					
			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 #: _____ <small>(Budget Office Use only)</small>
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