

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

TO: **RESOURCE ANALYSIS AND BUDGET (ZIP +6202)**
 Administrative Services Building (ASB)

FROM:

DATE:

2022-2023
 (Fiscal Year)

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

| TO | | | | | | |
|-----------|----|----------------------------------|---------------------------------|-------------------------------|-------------------------|--------|
| | | Speed Type (pre-Psoft acct #) | Department Name or Incumbent | Department # or Position # | <u>Pool Account</u> | 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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