

## Request for Budget Amendment

Requestor:  Contact Info: (email)  Please amend the budget for department															
								(Please provide fu	ıll substantiation	n for this reques	st. Supplemental	documer	ntation may b	e attached if necess	ary.)
n the amounts and	d FOAPAL's as	follows:													
Index	Fund	Org	Account	Prog	Activity	Temporary or Permanent?	Amount								
						☐ Temp ☐ Perm	\$								
						☐ Temp ☐ Perm	\$								
						☐ Temp ☐ Perm	\$								
						☐ Temp ☐ Perm	\$								
					Tota	l Funding Need:	\$								
The source of fund	ding for this req	uest is:													
☐ University	Funds														
☐ Revenue Fund: Orgn:			Acct	: <u> </u>	P1	og: Activity	/:								
☐ Other Fund: Orgn:			Acct	Acct: Pr			og: Activity:								
01	- 41-1				T 11-	II::									
Piease expiain wny Supplemental doc				enament	supports Lib	erty University's Str	ategic Plan.								
Approvals:															
Budget Mgr (print)	(sign)	_ (sign)			date)										
Dir./Dean/Dept Ho		_ (sign)			date)										
VP/Div. Leader (pr		(sign)			date)										
Exec. Dir. Budget ()	(sign)	_ (sign)			date)										
Chief Financial Offi	(sign)	(sign)			date)										