



Budget Adjustment Approval Form

Campus: SIUC SIUE SOM Pres.

Decision Center Request No.: _____

Reviewed by: (Initial)

Decision Center: _____

Decision Center Officer: _____

Recast FY09 Operating Budget: _____

Current Change to Budget: _____

Cumulative Change to Budget: _____

Reason for Additional Approval:

Impact on Budgeted Cash Position:

- Increase in FY10 Operating Budget
- Decrease in FY10 Operating Budget
- Increase in Salary Line
- Transfer from OTS to Salary Line
- Transfer from Salary Line to OTS
- Transfer between Decision Centers
- Cumulative Limit Reached

- Increases budgeted cash position
- Decreases budgeted cash position
- No impact on budgeted cash position
- Not applicable (state funds)

Explanation/Justification

Additional Approval Required:

Signature:

Date:

Decision Center Officer

Vice Chancellor

Chancellor

President

Board of Trustees

TRACKING SYSTEM ONLY

Please return signed form and original Budget Allocation/Adjustment Forms to the Budget Office