

## LAWSON STATE COMMUNITY COLLEGE REQUEST FOR BUDGET REVISION

Budget Manager: \_\_\_\_\_

Department/Division: \_\_\_\_\_

### Budget Revision Requested

Increased Line Item (9 Digit Account Number)	Current Balance	Increase	New Balance
1)			0
2)			0
3)			0
4)			0
<b>TOTAL</b>	0	0	0

Decreased Line Item (9 Digit Account Number)	Current Balance	Decrease	New Balance
1)			0
2)			0
3)			0
4)			0
<b>TOTAL</b>	0	0	0

<b>OVERALL TOTAL</b>	0	0	0
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Justification for Change: \_\_\_\_\_

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Budget Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Department Head: \_\_\_\_\_

Date: \_\_\_\_\_

Vice President/Area Dean: \_\_\_\_\_

Date: \_\_\_\_\_