BRR		

BUDGET REVISION REQUEST

(Document Number)

То:	Office of Pla	anning, Budget, a	and Poli	cy Analysis						
From:										
		(Name)				(Telephone)				
The req	uested expenditur	e adjustment(s) sl	nown bel	ow are based	on revis	ed income esti	mates for:			
Account				Danasti	+ NI					
Title				Department Number						
Corp		_ Fund		Department Name						
			REV	ENUE						
Account No.	Revenue Subcode	User Code		Current		Revised	Amount of Cl	nange		
			\$		\$		\$			
			_ \$		\$		\$			
			_ \$		_ \$		_ \$			
			_ \$		_ \$		\$			
		I	EXPEN	DITURE						
Account Number		PCS								
Object Code	Position No.	User Code		Current		Revised	Amount of Cha	ange		
			\$		\$		\$			
							\$			
			_ \$		\$		\$\$			
		-	- \$		- Ψ		_ \$			
			_ Φ		\$		\$			
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Dean/Director/President LCC				Vice President/Provost						
				□ RE	CURRI	NG 🗆	NONRECURE	ING		
Explanation (Progr	ammatic impact of ex	xpenditure change; b	asis for re	venue estimate).	Attach a	dditional pages, i	f needed.			
		For Planning, Bud	dget and P	olicy Analysis O	ffice Use	Only				
To: The above request will be submitted to the Board of Trustees at their meeting on			_	To Controller: The above request was approved by the Board of Trustees on and is transmitted to you for implementation.						
Budget Director				Vice F	Vice President for Planning, Budget & Policy Analysis					