KENNESAW STATE UNIVERSITY

Office of Budget and Planning

REQUEST FOR BUDGET AMENDMENT / FISCAL YEAR (FY): 19

Department/ College:		**Select One Type:** ◉ Permanent ○ Temporary ○ Temporary Project	**Budget Office Use Only** **AMD# :**
Requested by:	**Phone:**		**Posted by:** **Posted date:**
Business Manager:	**Phone:**		**Journal ID#:**

ACCOUNT	FUND	DEPARTMENT	PROGRAM	CLASS	PROJECT ID	POSITION NUMBER	AMOUNT +/-
						***TOTAL:**	0

If for Position (reclassification or new) provide HireTouch or PeopleAdmin requisition #:

Purpose:

*Should balance to $0 unless requesting an overall increase in budget. If additional funds are being requested, a written justification must be attached.

Approval Signatures

**Required; all other signatures are optional based on specific department requirements; note N/A if not required by department.

Signature:	**Date:**
Business Manager:	
Signature:	**Date:**
Director or Department Head:**	
Signature:	**Date:**
Dean of College or AVP:	
Signature:	**Date:**
Provost, Vice President or COO:	
Signature:	**Date:**
President: Dr. Pamela S. Whitten, President	