

FY _____ Budget Amendment Request

Department #
(Acct String): _____

example: 10000-1234567-11100-11000
fund - dept - program - class

Dept/Acct Name: _____

example: Computer Science

Check One: _____ Permanent _____ One Time

CURRENT BUDGET

REQUESTED
ADJUSTMENTS
+ OR (-)

REVISED BUDGET

500000 PERSONAL SERVICES

511000 Regular Faculty

Name (_____) Amount (_____)

Name (_____) Amount (_____)

512000 Part-time Faculty

513000 Summer Faculty

514000 Faculty Overload (new # for FY21)

516000 Extra Compensation- Faculty

521000 Professional & Administrative

Name (_____) Amount (_____)

522000 Staff (benefited positions only)

Name (_____) Amount (_____)

524000 Graduate Assistants

524000 Student Assistants

525000 Casual Labor (non-benefited, temporary staff)

526000 Extra Compensation- Staff

5 _____ Other (enter acct)

5 _____ Other (enter acct)

Fringe Benefits (Estimated 38%):

551100 FICA Employer (6.20%)

551200 FICA Medicare (1.45%)

552000 State Teachers Retirement (19.98%)

553000 Group Health & Life Ins (est 10.37%)

TOTAL PERSONAL SERVICES:

CURRENT BUDGET

REQUESTED
ADJUSTMENTS
+ OR (-)

REVISED BUDGET

Non-Personal Services:

600000	<u>TRAVEL</u>			
700000	<u>OPERATING SUPPLIES AND EXPENSES</u>			
800000	<u>EQUIPMENT</u> <i>(greater than \$5,000 per item)</i>			
GRAND TOTAL:				

Expenditures in excess of current budget should not be initiated until this amendment is approved.

I will comply with the above line-item breakdown if the amendment is approved.

Requested by: _____
 Department Head or Budget Manager / Date

Email Address: _____

Phone #: _____

Approved: _____
 Dean of College or Next Level Supv. / Date

Approved: _____
 Provost or Vice President / Date

DESCRIPTION/COMMENTS: (Must be detailed)