## **UNIVERSITY OF NORTH GEORGIA**

## FY \_\_\_\_\_ Budget Amendment Request

Department #					
(Acct String):			Dept/Acct Name:		
	example:	10000-1234567-11100-11000		example: Computer Scient	ce
		fund - dept - program - class			<u> </u>
				REQUESTED	
Check One:		Permanent One Time	CURRENT BUDGET	ADJUSTMENTS	REVISED BUDGET
				+ OR (-)	
500000	DEDGO	NAL SEDVICES			
500000	PERSU	NAL SERVICES			
	511000	Regular Faculty			
		) Amount ()) Amount ()			
		Part-time Faculty			
		Summer Faculty			
		Faculty Overload (new # for FY21)			
		Extra Compensation- Faculty			
		Professional & Administrative			
		) Amount ()			
	•	Staff (benefited positions only)			
		) Amount ()			
	`	Graduate Assistants			
	524000	Student Assistants			
	525000	Casual Labor (non-benefited, temporary staff)			
		Extra Compensation- Staff			
	5	Other (enter acct)			
	5	Other (enter acct)			
	Fringe E	Benefits (Estimated 38%):			
	551100	FICA Employer (6.20%)			
	551200	FICA Medicare (1.45%)			
		State Teachers Retirement (19.81%)			
	553000	Group Health & Life Ins (est 10.54%)			
	_				
	•	TOTAL PERSONAL SERVICES:			

**CURRENT BUDGET** 

REQUESTED
ADJUSTMENTS
+ OR (-)

**REVISED BUDGET** 

## **Non-Personal Services:**

600000 <u>TRAVEL</u>		
700000 OPERATING SUPPLIES AND EXPENSES		
800000 EQUIPMENT (greater than \$5,000 per item)		
GRAND TOTAL:		
Expenditures in excess of current budget should not be initiated until this amendment is approved.	Approved:	
I will comply with the above line-item breakdown if the amendment is approved.		Dean of College or Next Level Supv. / Date
Requested by:  Department Head or Budget Manager / Date  Email Address:	Approved:	Provost or Vice President / Date
Email Address:  Phone #:		
DESCRIPTION/COMMENTS: (Must be detailed)		

Revised July 1, 2021