



Non-E&G Budget Adjustment Form

Email completed forms to budget@fsu.edu.

For detailed information regarding budget adjustments, please review the [Departmental Guide to Budget Adjustments](#).

Date: Department ID: Department ID Description:

Fund Code: Or other Fund Code not listed:

Contact Person: Email: Phone #:

Section 1: For the department-fund combination identified above, provide the following figures related to your expense budget. **(Use the sum of expense budgetary accounts 71xxxx through 78xxxx.)**

Beginning Expense Budget * as of July 1	<input type="text"/>
Expense Budget Adjustments * as of	<input type="text"/>
Adjusted Expense Budget	<input type="text"/>
Encumbrances ** as of	<input type="text"/>
Expenditures ** as of	<input type="text"/>
Available Expense Budget Balance	<input type="text"/>

Note: Do not include the additional Expense Budget requested below.

* OMNI-FI query FSU_BUD_JRNL_NO_TYPE_PROMPT may be used to find this information

** OMNI-FI query FSU_BUD_AVAIL_BAL_DIM may be used to find this information

Section 2: How much additional expense budget is being requested at this point? Indicate which expense budgetary account(s) will be impacted by this request.

Expense Budgetary Account	Additional Expense Budget Requested
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>
Total Budget Requested	<input type="text"/>

Section 3: How will the additional expenses be funded? (Choose all that apply.)

- July 1 fund balance will be utilized
- Additional revenue budget (operating revenue and/or cash transfers) - *must complete Section 4 below*

Section 4: If additional revenue budget is being requested, indicate which revenue account(s) will be impacted.

Revenue Account	Additional Revenue Budget Requested
Other <input type="text"/>	
Other <input type="text"/>	
Total Budget Requested	

Section 5: Provide a justification for this request.

Why is the additional budget needed?

Why was this amount not included in your July 1 Beginning Budget (*Section 1*)?

If the Available Expense Budget Balance in *Section 1* is positive, a response to the question below is required.

If applicable, why can't the Available Expense Budget Balance in *Section 1* above be utilized?

Section 6: Both the Budget Manager and either the DDDHC or Authorized Signer listed on the department must sign below to indicate their approval of this request. Budget Office staff will review this form and obtain any of the below “Special Approvals” that are necessary. Please note that if special approvals are required, the process may take several business days.

Budget Manager:

DDDHC or Authorized Signer:

Special Approvals (*Budget Office staff will obtain*)

Cumulative adjustments total \$150,000.01 to \$500,000.00 –

Division Vice President:

Cumulative adjustments total \$500,000.01 to \$1,000,000.00 –

Vice President for F&A:

Cumulative adjustments total greater than \$1,000,000.00 –

President: