

**LANE COMMUNITY COLLEGE
BUDGET CHANGE REQUEST**

ADMINISTRATIVE SERVICES

Instructions: See Section A-52 in Business Operations Manual

Example A

① Department	Date	Department Budget Change No. (Optional)
--------------	------	---

New Number Request: If new, list Daily Account No., Budget Account No., and Title (if more than 3, list on back of white form)

② DAN	..	..	..	..	..	..	..	..	..	.....
BAN										.....
DAN	..	..	..	..	..	..	..	..	..	.....
BAN										.....
DAN	..	..	..	..	..	..	..	..	..	.....
BAN										.....

BUDGET ACCOUNT NUMBER	R*	CURRENT BUDGET	(Whole Dollars Only)		REVISED BUDGET
			ADDITION	REDUCTION	
③	④	⑤	⑦	⑥	⑧
813-076-6300-210001-4171		0		4000	<4000>
813-076-6300-210001-5203		0	2758		2758
813-076-6300-210001-5919		0	1242		1242
TOTALS		0	4000	4000	0

* If budget transfer is to be recurring next year, put an "R" in the box.

PURPOSE OF REQUEST

⑩ To establish the budget for a new grant.

Approval by Department Head(s) ⑪	Date ⑪
Budget Analyst	Date
Budget Office Transfer ID _____ by _____	