LANE COMMUNITY COLLEGE
BUDGET CHANGE REQUEST

ADMINISTRATIVE SERVICES

Instructions: See Section A-52 in Business Operations Manual Example C

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)

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	BUDGET ACCOUNT NUMBER	R*	CURRENT BUDGET	(Whole Dollars Only) ADDITION	(Whole Dollars Only) REDUCTION	REVISED BUDGET
	832·109·6200·211301·5203		20,000		6,676	13,324
	832·109·6200·211301·5304		0	8,000		8,000
	832·109 6200·211301·5919		9,000		1,324	7,676
	TOTALS		29,000	8,000	8,000	29,000

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

PURPOSE OF REQUEST

To convert $8,000 of Classified full time salary to Classified part time salary for the ABC Grant, as approved by the Oregon Department of Education.

Approval by Department Head(s)	Date
Budget Analyst	Date

Budget Office Transfer ID _____ by _____

Form #1002
4/98 P/G: 250.1