Center for Accessible Resources (CAR)
Budget Adjustment Form

Instructions: This form is for CAR budget adjustments for extraordinary accommodation needs. Save a copy of this form to your drive or desk top. When form is completed, including all signatures, email it to Jen Steele (Budget Office). Responses for Budget Adjustments from the Budget Office will be sent via email.

Submitted By _____Date _____

Student Name _____Fiscal Year(s):_____ _____

Part-Time Budget: $_____ *(original budget amount at start of year)*

Adjustment Amount Requested ☐ add ☐ decrease $ _____

FOAP:_____ - _____ - _____ - _____

M&S Budget: $_____ *(current budget amount)*

Adjustment Amount Requested ☐ add ☐ decrease $ _____

FOAP:_____ - _____ - _____ - _____

☐ Change in Service or Activity. – Attach accommodation plan

Routing and Approval

Executive Dean Student Affairs (Kerry Levett) _____ Date _____

Vice President ASA (Dawn DeWolf) _____ Date _____

Legal Counsel (as needed) _____ Date _____

Budget Office (Jen Steele) _____ Date_____

Return to the Budget Office when all signatures complete

Budget Office Use Only:

Date Rec'd _____ Entered By _____ Date _____

☐ Fjorgyn

FUNDING SOURCE

FOAP _____ - _____ - _____ - _____