

**VIRGINIA STATE UNIVERSITY**

**BUDGET MODIFICATION REQUEST FORM (FY 2022)**

Requesting Department: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Account Manager: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

<b>Request Type: (Select One)</b>	
<input type="checkbox"/>	Original Budget Load
<input type="checkbox"/>	Permanent Budget Adjustment
<input type="checkbox"/>	Temporary Adopted Budget
<input type="checkbox"/>	Temporary Budget Adjustment

**FOAP**

Line #	Index	Fund	Organization	Account	Program	Debit (Increase)	Credit (Decrease)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
Total							

Reason: \_\_\_\_\_

**Grand Total**

Requested By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Budget Office  
Use Only

Completed By: \_\_\_\_\_