

VIRGINIA STATE UNIVERSITY
BUDGET MODIFICATION REQUEST FORM (FY 2023)

Requesting Department: _____

Telephone Number: _____

Account Manager: _____

P.O. Box: _____

Request Type: (Select One)
<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: _____