VIRGINIA STATE UNIVERSITY

BUDGET MODIFICATION REQUEST FORM (FY 2027)

Requesting Department: _____ **Telephone Number:** _____

Account Manager: _____ **P.O. Box:** _____

Request Type:
(Select One)

- ☐ Original Budget Load
- ☐ Permanent Budget Adjustment
- ☐ Temporary Adopted Budget
- ☐ 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						$ 0.00	$ 0.00	

Reason: _____

$ 0.00 **Grand Total**

Requested By: _____

Approved By: _____

Approved By: _____

Budget Office Use Only

Completed By: _____ _____