**Jacksonville State University**

**Unit Budget Change Request Form A**

**Instructions:**

* Please Provide One Form for Each Request
* Fill Out by Typing or Clicking a Box
* Forward this Word document (not a pdf) to your immediate supervisor along with a copy of your Operational Plan.

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| **Unit Name** |  |
| **Unit Leader** |  |
| **Immediate Supervisor** |  |
| **Vice President** |  |
| **Budget Request Year** |  |

**Request Type/Code** **Requested Funds Frequency** **Requested Funds Will Support**

O & M Expense - Type Code A  One Time  Unit Objective

Personnel Expense – Type Code B  Reoccurring  Strategic Plan

Tuition Revenue - Type Code C  Other

Fee Revenue Code – Type Code D **FOAP:**\_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_

**Box A - Amount Requested and Justification**

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**Box B – Annual Unit Review Goal and Objective This Request Supports**

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**Action Taken by Vice President**

Approved and Forwarded to Budget Committee  Not Approved at This Time

**Action Taken by Budget Committee**

Approved and Forwarded to President’s Cabinet

Not Approved at This Time