

# Departmental Budget Revision Cover Sheet

Department Name:  Date:

Prepared By:  Contact Email:

Fiscal Year:  Budget Revision #:

**Summary of Revision**

**Revision Details**

Account Number	Current Budget	Increase (+)	Decrease (‐‐)	Revised Budget	Comments
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**Authorization & Signatures**

Department Head:  Date:

Finance Officer:  Date:

Additional Approval:  Date:

- This cover sheet must accompany all departmental budget revision requests.
- Ensure all fields and signatures are completed before submission.
- Attach detailed justification and supporting documents as needed.
- Revisions without complete information may be delayed or rejected.
- For assistance, contact the Finance Office prior to submission.