

# Division Budget Adjustment Request

**Division Name**

e.g., Marketing Division

**Date of Request**

**Reference No.**

e.g., 2024-BA-07

**Requested By**

Name and Position

**Reason / Justification for Adjustment**

Provide detailed reasons for this adjustment request...

**Budget Adjustment Details**

Item / Account	Original Allocation	Proposed Adjustment (+/-)	Adjusted Allocation	Remarks
<div>e.g., Office Supplies</div>	<div>Amount</div>	<div>+500 / -200</div>	<div>Amount</div>	<div>Reason/Notes</div>
<div>e.g., Travel Expenses</div>	<div>Amount</div>	<div>+500 / -200</div>	<div>Amount</div>	<div>Reason/Notes</div>

**Impact of Adjustment**

Describe how this adjustment will affect division operations, projects, or deliverables.

**Reviewed By**

Name / Signature

**Approved By**

Name / Signature

**Approval Date**

**Important Notes**

- Ensure all adjustments are properly justified and aligned with organizational goals.
- All fields must be completed for the request to be considered.
- Supporting documents should be attached, if required.
- Requests must be reviewed and approved before implementation.
- Retain a copy of the approved adjustment for division records.

