

# Departmental Budget Adjustment Form

Department Name

Date

Prepared By

Contact Information

## Budget Adjustment Details

Current Fund/Account	Increase (+)	Decrease (-)	Adjusted Amount	Reason for Adjustment
e.g., 100-ChildCare	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Short description"/>
<input type="text"/>				

Total Increase (+)

Total Decrease (-)

## Authorization & Approval

Requested By

Date

Approved By (Department Head)

Date

Optional

Additional Comments

## Important Notes

- All budget adjustments must be approved by the appropriate departmental authority before submission.
- Provide clear justification for every fund increase or decrease to ensure proper documentation.
- Attach supporting documents if necessary for audit and review purposes.
- Ensure total increases and decreases balance as per policy requirements.
- Incomplete forms may delay the adjustment process.