

Journal Date: _____

Budget Journal ID: _____

Ledger Group: _____

Account	Fund	Dept	Project	Budget Increase	Budget Decrease	Adjustment Type
Total:						

Description:

APPROVAL

Department Name: _____ Phone Number: _____

Dean or Department Head Signature (in ink) _____ Date _____

Budget Office Use Only	
Budget Approval:	Date:
Entered By:	Date:

Please print form.

Route this form to:
 Budget Office
 Old Main 205
 Phone: (701) 231-8204
 Fax: (701) 231-6194