

Funding Change Form

Questions about this form? Please call 231-8204 (Budget Office) or 231-8108 (Ag Budget Office).

Employee Information

Name: (Last, First, Middle) _____ Effective Date of Change: _____

Employee ID: _____ Employee Rcd: _____

Position Information

Dept ID: _____ Dept Name: _____

Position Number(s): _____ Job Code: _____

Type of Change: Permanent Temporary

Pool Position? Yes No

Should default funding be changed for all pool position occupants? Yes No

Funding Information

FROM:

Fund	Dept	Project	Program	Account	\$ Budget	% Split

TO:

Fund	Dept	Project	Program	Account	\$ Budget	% Split

Budget Transfer

INCREASE:

Position	Fund	Dept	Project	Account	Amount

DECREASE:

Position	Fund	Dept	Project	Account	Amount

The above changes have been made in accordance with University policies.

Department or Unit Head _____ Date _____

Vice President _____ Date _____

Dean/Director _____ Date _____

Budget Office _____ Date _____

Additional Comments:

Please print on Pink paper.

Route this form to :

Budget Office	Ag Budget Office
Old Main 205	Morrill 301
Phone (701) 231-8204	Phone (701) 231-8108
Fax (701) 231-6194	Fax (701) 231-7510

Completed by: _____ Phone: _____

Email: _____