

HENDERSON

STATE UNIVERSITY
A CENTURY OF EXCELLENCE
ARKADELPHIA, ARKANSAS 71923

REQUEST FOR BUDGET OR BUDGET ADJUSTMENT

(Submit to the Business Office in Duplicate)

Date _____

It is requested that Budgets or Budget Adjustments be approved for the accounts and in the amounts indicated below.

Account Number _____ Name of Account _____ Fiscal Year _____ Signature of Department Head _____

Account Number	Object Code	Budget Items	Budget Adjustments	
			Increase	Decrease
	6000	SUPPLIES		
	6130	TRAVEL EXPENSES		
	7000	CAPITAL OUTLAY		

TOTALS

Justification (Submit separate schedule if additional space is necessary.)

APPROVALS:

BUSINESS OFFICE

Dean _____
Vice President _____
President _____

Document No. _____
Pre Audit _____