



TAFT COLLEGE

WEST KERN COMMUNITY COLLEGE DISTRICT

BUDGET CHANGE FORM

FISCAL YEAR: _____ TRANSACTION DATE: _____
 TO: FISCAL SERVICES
 FROM: _____
 (Requesting Department Department)
 REQUEST DATE: _____

Business Office Use Only:		Transaction Type:		BD01	BD02	BD03	BD04
JV #	_____	JV AMOUNT:	\$				-
DATE ENTERED:	_____	JV DATE:	_____				
ENTERED BY:	_____						
FAX TO COUNTY:	YES	NO	DATE FAXED:	_____			
APPROVED IN BANNER:	YES	NO	DATE APPROVED:	_____			

It is requested that changes to budgeted funds be made as listed below:

INCREASE

FUND XXXXX	ORG XXX	ACCOUNT XXXX	PROGRAM XXXXX	Amount*
**TOTAL:				\$ -

DECREASE

FUND XXXXX	ORG XXX	ACCOUNT XXXX	PROGRAM XXXXX	Amount*
**TOTAL:				\$ -

**This field should only be the difference being increase or decreased to achieve the new budgeted amount.*

****Increased & Decreased Budget totals must match (UNLESS approved by the fiscal department)**

REASON FOR CHANGE: _____
(Please include all additional documentation to support your request)

APPROVAL SIGNATURES:

Budget Supervisor

Date

President or Vice President

Date

Fiscal Administrator

Date

CONTACT PERSON: _____ EXTENSION: _____

Route finalized form to the Business Office for processing.
 Please allow up to two weeks for processing.