Budget Adjustment Form

CABRINI UNIVERSITY

- Use this form to transfer budget funding.
- Position #(s) are required for all Salary Adjustments.

☐ Permanent ☐ Temporary

To be completed by Business Office

Date: _____

Document #: _____

Document Total: _____

Type: _____ **Budget Period:** _____

Fiscal Year: _____

FROM				
Fund	**Org**	**Account**	**Position # *(for salary adj.)***	**Amount**

TO				
Fund	**Org**	**Account**	**Position # *(for salary adj.)***	**Amount**

REASON

Reason for transfer: _____

Approval (as required by policy)					
Budget Manager					
Name (printed)	Signature	Date	Name (printed)	Signature	Date
President / Vice President					
Name (printed)	Signature	Date	Name (printed)	Signature	Date
Vice President, Finance			**Business Office**		
Name (printed)	Signature	Date	Name (printed)	Signature	Date