NORTHERN NEW MEXICO COLLEGE
BUDGET ADJUSTMENT REQUEST
BUDGET FISCAL YEAR_____

DATE: _____ **BAR No.** _____

	DEPARTMENT NAME					DEPARTMENT NAME				
DEPT										
	FROM					TO				
	AMOUNT	Fund	Org	Acct	Prog	AMOUNT	Fund	Org	Acct	Prog
TOTAL	$ -					$ -				

JUSTIFICATION (Must be completed)

_____

_____

_____

_____

Requested By: _____ **Date:** _____

Approved By: _____ **Date:** _____
Chair/Director

_____ **Date:** _____
Provost

_____ **Date:** _____
President (If Needed)

Business Office Use Only:

Budget Available _____ _____ **Date:** _____
YES NO

Business Office _____ **Date:** _____

Posted By: _____ **Date:** _____