Please check one: Budget Transfer X Moving hands from one expense to solution: Invariated description of budget adjustment: SA Budget Adjustment #23-18 Account Number: Account Description Quirrent Budget Amount Adjustment Description ACCOUNT Description ACCOUNT Description ACCOUNT Description ACCOUNT Description Adjustment Description SA Office - to Pay GL Sports, Midland Marine, NYSIF All Due 8/1 Pay UB Ree for Field Lining 2023/2024 Prepaid Insurance / Miscellaneous Freasurer: Name (please print) Date Date	Instructions: This form must be co	ompleted for all budget adjustments. T	his from must be signe	d by the President	Freasurer and	
SA Budget Adjustment #23-18	Please check one:		X Moving funds from one expense to another,	_	Incremental adjustment, increase/decrease in	
Account Number: Account Description	Detailed descriptio	n of budget adjustment:	,		·	
120-1100-6016		SA Budget A	djustment #23-18			
120-1100-6916						
120-1100-6016 Prepaid Insurance 210,000.00 20,000.00 230,000.00 230,000.00 2						
120-1100-6099 Miscellaneous 17,067.39 5,000.00 22,067.39 Pay UB Rec for Field Lining 2023/2024 120-3107-7600 Comedy Production 43,353.12 (25,000.00) 18,353.12 Prepaid Insurance / Miscellaneous Prepaid Insurance / Miscell						
120-3107-7600 Comedy Production						
	120-3107-7600	Comedy Production	43,353.12	(25,000.00)		Prepaid Insurance / Miscellaneous
Freasurer: Name (please print) Signature Date Signature Date Date						
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Treasurer: Name (please print) Signature Date Date Campus designee: Name (please print)						
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Officer: Name (please print) Signature Date Campus designee: Name (please print)	Treasurer:	Name (please print)				
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Campus designee: Name (please print)	Officer:	Name (please print)				
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	· ·					
Signature Date	Campus designee:	Name (please print)				
Signature Date						
	Signatu	re			Date	

FSA Budget AJE Review

FSA Budget AJE Input