

Instructions:

This form must be completed for all budget adjustments. This form must be signed by the President, Treasurer and

Please check one:

Budget Transfer

Moving funds from one expense to another, (must equal zero)

Budget AJE

Incremental adjustment, increase/decrease in revenues or expenses

Detailed description of budget adjustment:

SA Budget Adjustment #23-18

<u>Account Number:</u>	<u>Account Description</u>	<u>Current Budget Amount</u>	<u>Adjustment Amount</u>	<u>Adjusted Budget</u>
120-1100-6016	Prepaid Insurance	210,000.00	20,000.00	230,000.00
120-1100-6099	Miscellaneous	17,067.39	5,000.00	22,067.39
120-3107-7600	Comedy Production	43,353.12	(25,000.00)	18,353.12
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Adjustment Description
 SA Office - to Pay GL Sports, Midland Marine, NYSIF All Due 8/1
 Pay UB Rec for Field Lining 2023/2024
 Prepaid Insurance / Miscellaneous

Treasurer: Name (please print) _____

Signature _____ Date _____

Officer: Name (please print) _____

Signature _____ Date _____

Campus designee: Name (please print) _____

Signature _____ Date _____

FSA Budget AJE Input _____ FSA Budget AJE Review _____