



The University of Southern Mississippi
 Budget Revision Form
 (E&G and Auxiliary Fund Budgets only)

Individual Completing Form: _____ Phone #: _____
 Department Completing Form: _____ Fiscal Year: _____

SECTION I: DESCRIPTION OF TRANSACTION

Note - If this revision affects a budgeted SALARY position, a copy of the PAF MUST BE ATTACHED

SECTION II: TYPE OF REVISION

Is this revision Permanent or Temporary? Permanent Temporary

SECTION III: ORG BUDGET LEDGER SUMMARY (TO BE COMPLETED BY DEPARTMENT)

PART A: BUDGET STRING AND ACCOUNT TO TRANSFER FROM (BUDGET DECREASE):

Fund	DeptID	Program	Account	(If Salary/Wage) Position Number	Decrease Amount
Total Budget Amount To Decrease					\$ -

PART B: BUDGET STRING AND ACCOUNT TO TRANSFER TO (BUDGET INCREASE):

Fund	DeptID	Program	Account	(If Salary/Wage) Position Number	Increase Amount
Total Budget Amount To Increase					\$ -

SECTION IV: APPR BUDGET LEDGER SUMMARY (FOR OFPA USE ONLY)

Fund	DeptID	Program	Account		Decrease Amount	Increase Amount
APPR Budget Ledger Totals					\$ -	\$ -

SECTION V: DEPARTMENTAL APPROVALS (REQUIRED BEFORE SUBMITTING TO OFPA)

Department Head _____ Date _____ Provost/Vice President _____ Date _____
 Dean/Director _____ Date _____ President (if required) _____ Date _____

Once sections I-III and V are complete, submit to OFPA for processing at budgets@usm.edu or via campus mail box 5119

SECTION VI: FINAL APPROVALS (FOR OFPA USE ONLY)

Director of Fiscal Planning and Analysis _____ Date _____ VP or Associate VP for Finance & Administration _____ Date _____

SECTION VII: REFERENCE NOTES (FOR OFPA USE ONLY)

BR #:			ORG Decrease Journal ID:
Initials:			ORG Increase Journal ID:
Date:			APPR Journal ID: