



# LAKE SUPERIOR STATE UNIVERSITY

## Budget Adjustment Form

### Instructions:

1. Open in Adobe. (Viewing in browser will not allow full functionality of form.)
2. Fill in FOAPAL to transfer funds IN to and FOAPAL to transfer funds OUT of, along with reason for adjustment. Ins must equal Outs.
3. Fill in "Date of Request" and sign form digitally.
4. Email form to appropriate SMT member to obtain SMT digital signature
5. Send fully approved form to busops@lssu.edu

|                   | Fund  | Organization | Account | Program | Amount of Increase |
|-------------------|-------|--------------|---------|---------|--------------------|
| FOAPAL Increased: | <hr/> | <hr/>        | <hr/>   | <hr/>   | \$ <hr/>           |
| FOAPAL Increased: | <hr/> | <hr/>        | <hr/>   | <hr/>   | \$ <hr/>           |
| FOAPAL Increased: | <hr/> | <hr/>        | <hr/>   | <hr/>   | \$ <hr/>           |
| FOAPAL Increased: | <hr/> | <hr/>        | <hr/>   | <hr/>   | \$ <hr/>           |

|                   | Fund  | Organization | Account | Program | Amount of Decrease |
|-------------------|-------|--------------|---------|---------|--------------------|
| FOAPAL Decreased: | <hr/> | <hr/>        | <hr/>   | <hr/>   | \$ <hr/>           |
| FOAPAL Decreased: | <hr/> | <hr/>        | <hr/>   | <hr/>   | \$ <hr/>           |
| FOAPAL Decreased: | <hr/> | <hr/>        | <hr/>   | <hr/>   | \$ <hr/>           |
| FOAPAL Decreased: | <hr/> | <hr/>        | <hr/>   | <hr/>   | \$ <hr/>           |

Reason(s) for Adjustment(s):

Date of Request: 

---

Requestor's Signature(s): 

---

  

---

Requestor's Printed Name(s): 

---

Supervising V.P.:  Approved  Denied

Supervising V.P.'s Signature: 

---

Supervising V.P.'s Printed Name: 

---

Other Signatures if Necessary:

---

 Name 

---

 Signature

Approved  
 Denied

---

 Name 

---

 Signature

Approved  
 Denied