

**BOSSIER PARISH COMMUNITY COLLEGE
BUDGET ADJUSTMENT FORM**

Date: _____ Department requesting adjustment _____

Department account number: _____ Requesting agent: _____

Is this a department to department transfer? Yes: _____ No: _____

IF YES, COMPLETE SECTION 1.

IF NO, COMPLETE SECTION 2.

**SECTION 1
DEPARTMENT TO DEPARTMENT TRANSFER**

Please transfer \$ _____ from dept. account number _____ budget pool account
number _____ to dept. account number _____ budget pool account
number _____.

Reason for adjustment: _____

APPROVED:

Department Head

Initiating Vice-President

Accepting Vice-President

**SECTION 2
BUDGET POOL TO BUDGET POOL TRANSFER**

Please transfer \$ _____ from budget pool account number _____ to budget pool
account number _____.

Reason for adjustment: _____

APPROVED:

Department Head

Vice-President

OFFICE USE ONLY

Budget Adjustment Completed by:

Date