

**BOSSIER PARISH COMMUNITY COLLEGE
SPECIAL MEALS ADJUSTMENT FORM**

Date: _____ Department requesting adjustment _____

Department account number: _____ Requesting agent: _____

FOOD EXPENSE TRANSFER

Please charge \$ _____ to dept. account number _____ -4503 and credit
account number 200300 -4506

Reason for adjustment: _____

PAPER GOODS EXPENSE TRANSFER

Please charge \$ _____ to dept. account number _____ -4505 and credit
account number 200300 -4505

APPROVED:

Budget Unit Head of Account Where
Expense Should be Charged

Vice-Chancellor for Budget Unit Head

OFFICE USE ONLY
_____ Budget Adjustment Completed by:
_____ Date