

BPCC FOUNDATION, INC
Budget Adjustment Form

Instructions: This form is to be used by all departments whose funds are managed by the BPCC Foundation. Departments requesting budget adjustment and/or transfers must complete and return a Budget Adjustment Form along with all required documentation.

Date: _____ Department Requesting Adjustment: _____

Requesting Agent: _____ Grant/Donor: _____

Primary Account Name: _____

Please choose the appropriate transfer or re-allocation type:

<input type="checkbox"/> Budget Pool to Budget Pool (Reallocation of funds within the same budget)
Please transfer: \$ _____
FROM budget pool name _____
TO budget pool name _____
Will this action require set-up of a NEW budget pool? <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Account to Account Transfer (Transfer funds from one account to a different account)
Please transfer: \$ _____
FROM account name _____
TO account name _____
Will this action require set-up of a NEW Foundation account? <input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Adjustment: _____

Approvals (All signatures required before submitting to Foundation)

Department Head/Dean

Program Budget Attached:
(Budget required)

Project Mgr./Director

Date Donor Approval Secured:

BPCC Foundation Office Use Only
Budget Adjustment completed on: _____
Revised budget sent to department on: _____