UNIVERSITY OF THE VIRGIN ISLANDS

For Budget Office Use:
Journal Voucher Number

BUDGET CHANGE REQUEST

Date: _____

	Permanent		Temporary

Department: _____

Fiscal Year:

Budget Categories to be Increased						Increase in Expenditures
Fund	**Org**	**Acct**	**Prog**	**Account Description**		
				Total Increase		**$ -**

Budget Categories to be Decreased						Decrease in Expenditures
Fund	**Org**	**Acct**	**Prog**	**Account Description**		
				Total Decrease		**$ -**

JUSTIFICATION FOR BUDGET CHANGE

BUDGET APPROVALS REQUIRED

Budget Manager	_____ Department Head
Budget Analyst	_____ Component Head