Amarillo Junior College District

BUDGET AMENDMENT REQUEST

Department:_____ **Date:**_____

TRANSFER FUNDS FROM:

Account Number	Pool Code	Name of Account	Amount

TRANSFER FUNDS TO:

Account Number	Pool Code	Name of Account	Amount

JUSTIFICATION/COMMENTS:

_____

_____

Reference:

Req# _____

TA# _____

Contact Name: _____ **Phone #** _____

_____
Department Chairman/Date

_____
Cabinet Member/Date

_____
Division Chairman/Date

_____
Business Office/Date