THE UNIVERSITY OF TENNESSEE HEALTH SCIENCES

Print

Request for Budget Revision Form

This form is for UTHSC departments to support Operating Budget transfers requests. This cannot be used for Salary Budgets.

INSTRUCTIONS: Complete the form in its entirety with all required signatures and forward to mailbox 'Budget Transfer Request' at ***bdgtxfer@uthsc.edu*** You must submit a separate form for Recurring vs. Non-Recurring requests**.**

I. Department –

Department Name _____ **Submitted by (Print)** _____ **Department Contact Number** _____

Budget Revision Description: _____

Budget Year: _____ **Recurring** ☐ **Non-Recurring** ☐

Are sufficient funds available in the sourcing account to cover this transfer? **Yes** ☐ **No** ☐

II. Budget line entries –

Budget line	Fund	Department	Account	Program	Activity	Amount
From/Decrease						
To/Increase						
From/Decrease						
From/Decrease						
To/Increase						
From/Decrease						
From/Decrease						
From/Decrease						
From/Decrease						
From/Decrease						

Net amount... (should be zero) 0.00

Notes: Please provide any explanatory notes as needed.

III. Signatures-

By signing this form, the Department authorizes to transfer the budget line items as per the Section II above.

Departmental Approver (Sign and Print) _____ **Date** _____

Payor (Transfer FROM Department)

Departmental Approver (Sign and Print) _____ **Date** _____

Receiving (Transfer TO Department)