Please use this form when an adjustment cannot be processed through Finance Self Service.

1. The form is initiated by the administrative assistant (or designated other) who will complete the ORG / Account / Program / Activity (if applicable) and the amount

2. The Department Head will review and sign as approver

3. Email to David Lyon dlyon@fit.edu for entry to Banner

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### Temporary Budget Adjustment Form

**Line #** | **Fund** | **Org** | **Account** | **Prog** | **Actv** | **Increase** | **Decrease**
---|---|---|---|---|---|---|---
1 |  |  |  |  |  |  |  |
2 |  |  |  |  |  |  |  |
3 |  |  |  |  |  |  |  |
4 |  |  |  |  |  |  |  |
5 |  |  |  |  |  |  |  |
6 |  |  |  |  |  |  |  |
7 |  |  |  |  |  |  |  |
8 |  |  |  |  |  |  |  |
9 |  |  |  |  |  |  |  |
10 |  |  |  |  |  |  |  |
11 |  |  |  |  |  |  |  |
12 |  |  |  |  |  |  |  |

**Subtotal** |  |  |  |  |  |  |  |

**Grand Total** |  |  |  |  |  |  |  |

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**Explanation:**

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