

BUDGET AMENDMENT

Fiscal Year: _____	Amendment #: _____
Date Submitted: _____	
Program Affecting: _____	
Program Manager: _____	
Funding Request Rationale: _____	

Current Budget: _____	Proposed Change: _____ (+)
=	Amended Budget: _____ 0

Funding Source for Additional Funds: _____

Current Budget _____	Proposed Change: _____ (-)
=	Amended Budget: _____ 0

Signature of Submitter: _____
Title: _____

For Finance Committee Use Only:
Approved: _____
Not Approved: _____
Signature of KSYSA Treasurer: _____