

UNIVERSITY OF NORTH GEORGIA

FY \_\_\_\_\_ Budget Amendment Request

Department #  
(Acct String): \_\_\_\_\_

example: 10000-1234567-11100-11000  
fund - dept - program - class

Dept/Acct Name: \_\_\_\_\_

example: Computer Science

Check One: \_\_\_\_\_ Permanent \_\_\_\_\_ One Time

CURRENT BUDGET

REQUESTED

+ OR (-)

REVISED BUDGET

500000 PERSONAL SERVICES

511000 Regular Facul ty

Name ( \_\_\_\_\_ ) Amount ( \_\_\_\_\_ )

Name ( \_\_\_\_\_ ) Amount ( \_\_\_\_\_ )

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516000 Extra Compensation- Facul ty

521000 Professional & A dministrative

Name ( \_\_\_\_\_ ) Amount ( \_\_\_\_\_ )

522000 Staff (benefited positions onl y)

Name ( \_\_\_\_\_ ) Amount ( \_\_\_\_\_ )

524000 Graduate Assistants

524000 Student Assistants

525000 Casual Labor (non-benefited, temporary staff)

526000 Extra Compensation- Staff

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)ringe Benefits (Estimated 38%):

551100 FICA Employer (6.20%)

551200 FICA Medicare (1.45%)

552000 State Teachers Retirement (20 78%)

553000 Group Health & Life Ins (est 9 57%)

TOTAL PERSONAL SERVICES:

CURRENT BUDGET	REQUESTED + OR (-)	REVISED BUDGET
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Non-Personal Services:

600000	<u>TRAVEL</u>
700000	<u>OPERATING SUPPLIES AND EXPENSES</u>
800000	<u>EQUIPMENT</u> (greater than \$5,000 per item)
<b>GRAND TOTAL:</b>	

Expenditures in excess of current budget should not be initiated until this amendment is approved.

I will comply with the above line-item breakdown if the amendment is approved.

Approved: \_\_\_\_\_  
 Dean of College or Next Level Supv. / Date

Requested by: \_\_\_\_\_  
 Department Head or Budget Manager / Date

Approved: \_\_\_\_\_  
 Provost or Vice President / Date

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

DESCRIPTION/COMMENTS: (Must be detailed)