

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: _____ |

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