

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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51 000 6 X P P H) ~~W D F X O W \~~

51 000 ) D F X ~~Q W H U O R D H Z I R) &~~

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<br>+ OR (-) | REVISED BUDGET |
|----------------|-----------------------|----------------|
|----------------|-----------------------|----------------|

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)