

**BIRMINGHAM PUBLIC SCHOOLS
REQUEST FOR BUDGET ADJUSTMENTS
BUDGET YEAR 20__**

BJE # _____

Page ____ of ____

Date: _____

Effective Date Requested:

Budget Manager: _____

October January May

Other _____
(Specify)

School/Department: _____

Account to Decrease (Credit)	\$ Amount*	Account to Increase (Debit)	\$ Amount*	Reason/Explanation	Finance
No. _____ Title _____		No. _____ Title _____			
No. _____ Title _____		No. _____ Title _____			
No. _____ Title _____		No. _____ Title _____			
No. _____ Title _____		No. _____ Title _____			
No. _____ Title _____		No. _____ Title _____			
*Totals					

*The two column totals must equal unless approval is requested for a budget increase or decrease.

Signature Budget Manager