

REQUEST FOR EXEMPTION FROM QUARTERLY BUDGET ALLOCATION
FY _____

Amount requested to be added to Quarterly Budget

Reason for Exemption
and Payment Due Date:

Fund/Org. & Org. Title: _____

Line Item:
(i.e., Contractual,
Commodities, etc.) _____

Requested by: _____

Fiscal Officer Printed Name/ Signature

Date

Approvals:

Dean/Director

Date

Vice President

Date

Forward approved form to the Office of Budget, ADM 210

Budget Office Use Only

Office of Budget Approval _____ Date _____

Budget Change No.