

Budget Revision Request  
 For Budget Year \_\_\_\_\_

Department of Finance  
 723 S. Lewis Street/P.O. Box 1449  
 Stillwater, OK 74076-1449

Office: 405.372.0025  
 Web: stillwater.org

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Requested by: \_\_\_\_\_

Explanation:

	Account Name	Account Number	Project Number	Current Budget Amount	Amount of Change	New Budget Amount
Increase:						
Decrease:						

Net Change: (Revisions should net to zero.)

Reviewed by Department Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by Finance: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by CMO: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by City Council:  Yes  No

Date: \_\_\_\_\_

Processed by Finance: \_\_\_\_\_

Date: \_\_\_\_\_

Set ID: \_\_\_\_\_

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