

Budget Amendment 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 (xxxxxxx-xxxxx)	Project Number	Current Budget Amount	Amount of Change	New Budget Amount
Increase:	-				
	-				
	-				
	-				
	-				
Decrease:	-				
	-				
	-				
	-				
	-				

Net Change: (will usually result in a total increase or decrease)

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

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

Reviewed by Finance: Leah Bozzy

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

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

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

Approved by City Council:  Yes  No

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

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

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

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

Date Sent to SA&I: \_\_\_\_\_

--Print on Yellow Paper--