

University of North Texas
ACCOUNT/BUDGET AUTHORIZATION FORM

Prepared By: Karla Romine Telephone: 940-565-3244

Forward ALL COPIES. Distribution will be made upon completion of the transaction.

| | | | |
|---|---|-------------------------------------|---------------------------|
| Organizational Department Number and Name: 151210 - Budget Office | Organizational Department Holder Name and EmplID: Brenda Cates - 12345678 | Telephone: (940) 565-3231 | Date: 3/15/2016 |
|---|---|-------------------------------------|---------------------------|

SUMMARY OF REQUEST: If requesting an increase in authority, identify the source which will fund the increase.

1. Supplement budget for additional travel
2. Transfer HEF to purchase computers
3. AED training given by Risk Management

Notes:

When filling out this section, please use the numerical code for your F³OAP³S chartfield. For each transaction, the following chartfields are required: Org Department, Fund Category, Fund, Function (expenses only), Account, and Amount. The bulleted line beneath is for the detailed description. Project, Program, Purpose and Site, while conditional, may be necessary to complete your request.

| | Org Dept | Fund Category | Fund | Function | Project | Program | Purpose | Site | Account | Amount |
|---|--------------------------------------|---|--------|----------|---------|---------|---------|------|---------|----------|
| F R O M | 1 | 151210 | 200 | 830001 | 550 | | | | D5301 | 2,500.00 |
| | | • Supplement budget for additional travel | | | | | | | | |
| | 2 | 151210 | 105 | 805038 | 220 | | | | D5310 | 5,000.00 |
| | • Transfer HEF to purchase computers | | | | | | | | | |
| 3 | 151210 | 200 | 830001 | 550 | | | | | D5371 | 100.00 |
| • AED training given by Risk Management | | | | | | | | | | |
| T O | 1 | 151200 | 200 | 830001 | 550 | | | | D5251 | 2,500.00 |
| | | • Supplement budget for additional travel | | | | | | | | |
| | 2 | 135370 | 105 | 805038 | 400 | 1600373 | | | | D5310 |
| • Transfer HEF to purchase computers | | | | | | | | | | |
| 3 | 152600 | 200 | 830001 | 550 | | 13155 | | | D5501 | 100.00 |
| • AED training given by Risk Management | | | | | | | | | | |

*Additional lines can be found on the next worksheet

APPROVALS:

| | | | | | |
|---|---------------|--|---------------|------------------------------------|---------------|
| _____ Department Head/ Department Holder | _____ Date | _____ Dean or Director | _____ Date | _____ Vice President/ President | _____ Date |
| _____ Project ID Holder | _____ Date | _____ Office of Grants and Contracts Administration | _____ Date | _____ Other: | _____ Date |

Processed in Budget Office: _____ Date: _____ By: _____