# CLARK ATLANTA UNIVERSITY
## BUDGET REVISION FORM

**JOURNAL NO.** _____
**JOURNAL TYPE:** BD04

**TRANSACTION DATE:** _____
**BUDGET PERIOD:** 01-July
**DISTRIBUTION TOTAL:** $ 0.00

Department/Project

Dept. contact person concerning any questions. (ext)

| | | | | | DEBIT/CREDIT: | + PLUS | - MINUS |
|---|---|---|---|---|---|---|---|
| DESCRIPTION | FUND CODE | ORGN CODE | ACCOUNT CODE | PROG CODE | | AMOUNT OF INCREASE | AMOUNT OF DECREASE |
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**Justification for revision:**

1
Department Head or Principal Investigator Date

2
Vice President, Dean or Area Head Date

3
Executive Vice President Date

4
President/Provost (if applicable) Date

5
Budget Director/Planning & Evaluation Date

6
Director of Grants and Contracts Date

7
Sponsored Program Date

**(If restricted funds, only signatures for 1,2,6, and 7 are required)**