UNIVERSITY OF WEST GEORGIA
BUDGET AMENDMENT REQUEST
PERSONAL SERVICES

Date

BUDGET AMENDMENT

DEPARTMENT

FUND: **DEPARTMENT:** **PROGRAM:** **CLASS:** **PROJECTS & GRANTS:**

LINE NUMBER	NAME SOCIAL SECURITY # ANNUAL SALARY DEGREE	POSITION TITLE JOB CODE	CONTRACT TYPE	ORIGINAL BUDGET		APPROVED AMENDMENTS		REQUESTED AMENDMENT		AMENDED BUDGET	
				EFT	AMOUNT	EFT	AMOUNT	EFT	AMOUNT	EFT	AMOUNT
Total					$0.00		$0.00		$0.00		$0.00

DEPARTMENT CHAIR DATE VICE PRESIDENT/DEAN DATE

DEAN/DIRECTOR DATE SPONSORED OPERATIONS DATE