

AUSTIN PEAY STATE UNIVERSITY
POLICIES AND PROCEDURES MANUAL

POLICY NO.: IV:06:02 DATE: September 24, 1984

SUPERSEDES POLICY NO.: IV:01:02 DATED: July 20, 1981

SUBJECT: Revisions to Operating Budget

APPROVED: Robert O. Riggs, President

Robert O. Riggs

RESPONSIBILITY

It is the responsibility of University budget administrators to perform their respective operations within the budgets approved by the President. No activity, department, or office of the University will expend funds in excess of approved budgets. For control purposes, the broad areas of the budget stand on their own. None may be exceeded nor may funds be interchanged without approval through the revision process described herein. No obligations of funds in excess of approved budget amounts may be made prior to completion of the revision process.

The Vice President for Finance and Administration is responsible for maintaining an accurate record of all funds expended and obligated by the activities of the University and for employing appropriate controls to ensure that expenditures do not exceed authorized budgets.

REVISION REQUIREMENTS

Should operating requirements prove incompatible with approved budgets because of unforeseen circumstances, a budget revision request should be initiated by the departmental budget administrator.

INITIATING OFFICE

Departmental budget administrators with approved operating budgets may initiate requests for budget revisions by means of PPM Form IV:06:02:a in accordance with procedures set forth in this policy.

PROCEDURES

1. When it is determined that a budget revision is necessary, the responsible office will complete the

Budget Revision Form and submit the original and two copies through appropriate channels to the Budget Director. Budget revisions may not be approved unless completely filled out, including the Reason for Request.

2. Requests which are less than \$1,000 and which are within one functional area and upon approval of the Senior Administrator responsible for the functional area may be processed by the Budget Director and the Vice President for Finance and Administration.
3. Other requests shall, in addition, be submitted to the President for his approval. Any request for a change in salary budgets must be approved by the President.
4. Upon final approval of the budget revision, the Budget Director will distribute copies to the office requesting the revision and the immediate supervisor. Revisions approved by the end of the month should appear on that month's printout of University budgets and expenditures.

AUSTIN PEAY STATE UNIVERSITY
Request for Budget Revision

Origination Date _____

NAME OF ACCOUNT	ACCOUNT NUMBER	CATEGORY (If Salary, give position number)	AMOUNT REQUESTED	
			Increase (DR)	Decrease (CR)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL			_____	_____
Net Increase/Decrease			_____	_____

REASON FOR REVISION:

Requested By: _____
Department Head or
Administrative Official

Approved By: _____
Budget Director

Approved By: _____
Dean or Director

Approved By: _____
Vice President for
Finance and Administration

Approved By: _____
Vice President or
Senior Administrator

Approved By: _____
President

Comments on Approval/Non-Approval:

Revision Date _____ Revision No. _____ Process Date _____

AUSTIN PEAY STATE UNIVERSITY
Request for Budget Revision

Origination Date _____

NAME OF ACCOUNT	ACCOUNT NUMBER	CATEGORY (If Salary, give position number)	AMOUNT REQUESTED	
			Increase (DR)	Decrease (CR)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL			_____	_____

REASON FOR REVISION (Required):

Requested By: _____
(1) Department Head or
Administrative Official

Approved By: _____
(4) Budget Director

Approved By: _____
(2) Dean or Director

Approved By: _____
(5) Vice President for
Finance and Administration

Approved By: _____
(3) Vice President or
Senior Administrator

Approved By: _____
(6) President

Comments on Approval/Non-Approval:

Distribution/Date _____ Batch I.D _____ Processed/Date _____