

Budget Amendment - Cross Divisional

Please read before completing form:

1. If this is for a departmental amendment, please complete in [Workday](#)
2. Is this a cross department/division amendment?
 - a. If yes, do you have funds identified?
 - Yes - complete section A
 - No - complete section B after exhausting other options through leadership

[CLICK HERE](#) TO ACCESS COST CENTER AND SPEND CATEGORY INFORMATION

Section A

TRANSFER FROM

Fund	Cost Center Name or Cost Center Number	Spend Category	Worktag Type (if applicable)	Worktag Name (if applicable)	Amount to Decrease	Notes

TRANSFER TO

Fund	Cost Center Name or Cost Center Number	Spend Category	Worktag Type (if applicable)	Worktag Name (if applicable)	Amount to Decrease	Notes

Transfer Total:

Transfer Total:

Justification: (Transfer will not be processed without justification)

Notes: (If transfer involves positions, please add slot information)

Fiscal Year:

Date:

Type:

- | | | | |
|----|----|----|----|
| 1. | 3. | 5. | 7. |
| 2. | 4. | 6. | 8. |

Section B

How Much?

Is this ongoing or one-time?

Justification: