

TRINITY FELLOWSHIP
Budget Amendment Request

Campus: _____

Date: _____

Account Description/Number: _____

Current Annual Budget: \$ _____

Additional Amount Requested: \$ _____

Budget Transfers:

Account to be decreased to fund above request: _____

Amount to be reduced: \$ _____

Reason for Request: _____

Approvals:

Dept Head: _____

Campus Pastor: _____

Jimmy Witcher: _____

Note – Budget transfers within a function (eg. - capital to capital) don't need a budget amendment. Transfers between functions (eg. – capital to personnel) must have approval.

Submit approved form to the business office for entry into Shelby Systems.
