



2018-19 BUDGET DEVELOPMENT  
Budget Augmentation Request

**Account Line**

**Augmentation Justification**

**Priority**

1

Account Line: \_\_\_\_\_  
Account Description: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

2

Account Line: \_\_\_\_\_  
Account Description: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

3

Account Line: \_\_\_\_\_  
Account Description: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

4

Account Line: \_\_\_\_\_  
Account Description: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Dean/Manager's Signature & Date

\_\_\_\_\_  
Vice President/President's Signature & Date