

**Bevill State Community College
FOR BUDGET REVISION**

Campus _____

Date _____

| <u>Name of Account</u> | <u>Account Number</u> | Change Increase <u>(Decrease)</u> |
|----------------------------|---------------------------|---|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
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| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

The reasons for requesting this revision is as follows (explain in detail); attach additional plain sheets if the space here is not sufficient:

Requester: _____

Date

Supervisor/Dean _____

Approved:

Executive Vice-President/President _____