

Edwardsville Campus End User Instructions FORM – Budget Allocation/Adjustment

<u>Use:</u> To request a change/transfer in budget authority after the original budget

is posted to AIS.

Access: Access the form via the AIS web site, Electronic Forms, Edwardsville

campus location. FormFlow Filler software must be installed on your computer to allow you to access the form. If you do not have FormFlow Filler software, download it from the AIS web page (select Software

Downloads, FormFlow Filler).

<u>Instructions:</u> Complete the form using the following instructions: (Unless noted, all

fields are **REQUIRED**.)

Header Information Section: Provide basic information regarding the budget allocation/

adjustment.

Fiscal Year Indicate the fiscal year for which this adjustment is effective.

Applicable Fiscal Year

• If the adjustment is temporary, for the current fiscal year only, check Current box.

- If the adjustment should be permanent and applied to the projected fiscal year and beyond, check Projected box.
- If the adjustment should be applied both in the current fiscal year and the projected fiscal years, check both the Current and Projected boxes. If dollar amounts differ between these periods, a second form is required.

Checkmark If Transfer is P/S to OTS, or Vice Versa

If funds are being transferred between personal services and OTS (other than salary) lines, check here. If checked, a Position Allocation Request (PAR) must accompany the Budget Allocation/ Adjustment form.

Accounting Flexfield Information Section: Provide the accounting flexfield distribution for each increase and decrease to the budget.

Budget Purpose Title/ Description

Required; provide the title of the Budget Purpose associated with this allocation/adjustment.



Budget Purpose Number

Required; list the Budget Purpose.

Object Number Required; note the Object code value associated with the Budget

Purpose. (Refer to on-line Object Codes.)

Department Activity 1 If applicable, list the Department Activity 1 code. (Department

Activity codes are 5-digit unique numbers assigned for specific use as defined by the using department. These codes are used

at the discretion of the fiscal officer and department.)

Department Activity 2 If applicable, list the Department Activity 2 code. (See above

note.)

Period Optional; if adjustment/allocation should be entered in a future

period, indicate what period here. (AIS defaults to month as the

period.)

Current/ Projected Year Amount - Decrease/ Increase

Required; in the appropriate column, list the amount of the allocation/ adjustment. (AIS defaults to month as the period.)

Below all items

Total(s) Sum all decrease/increase entries.

Justification Provide reason for requesting adjustment

Approval Information Section: Obtain necessary approvals prior to submitting this form.

Fiscal Officer (Requesting/Receiving); "Approved By"

Name/signature of fiscal officer requesting the adjustment and of

area to receive the funds.

Date Date approved.

Fiscal Officer (Transferring Funds)

Name/signature of fiscal officer transferring the funds.

Date Date approved.

Dean/ Director (if required)

Name/signature of dean/director of area to receive the funds.

Date Date approved.

Budget Allocation/ Adjustment Form



Budget Director (if required)

Name/signature of budget director.

Date Date approved.

Responsibility Area (if required)

Name of appropriate Responsibility Area.

Date Date approved.

Decision Center Officer

Name/signature of the appropriate Decision Center Officer.

Date Date approved.

Chancellor (if required)

Name/signature of the Chancellor.

Date Date approved.

President (if required)

Name/signature of the President.

Date Date approved.

Research and Project Fiscal Management Use Only:

Grant or Contract Period

Leave blank.

Budget Period Leave blank.

Prepared By Leave blank.

Special Note: Only the fiscal officer may submit this form. In the case of a transfer

between units, both fiscal officers must approve this form. The Budget

Office will secure any other required approvals.

Routing: Print this form, acquire all appropriate signatures, and mail it to: Budget

Office, Box 1034.