

REQUEST FOR SLOT or GRANT BUDGET REVISION

From:

To: allison@serveyoming.org

Program Name: _____ Date: _____

Grant Number: _____

Contact Person: _____ Phone: _____

Include your reasons for revision and adverse consequences if revision is denied. If you are making a budget revision, remember **Funds from Section II may not be reallocated to Sections I or III unless approved by ServeWyoming.** When moving money between line items, please include the specific amounts you need to change and to which line item it should be moved. Use additional sheets as necessary. When making slot revisions, please see the Program Director's Handbook for slot configuration calculations.

AUTHORIZED SIGNATURE

PRINTED NAME AND TITLE

DATE

COMMISSION USE ONLY

Approved by:

_____ Date _____