



Halifax County Schools
 Finance Department
Budget Amendment Request

Please use this form for any needed budget adjustments.
 Please fill out all information for each line you are using and
 submit to the Finance Office.

Date: _____

Requestor: _____

Budget Code	Code Description	Current Budget	Amount Increased or Decreased	Revised Budget
Totals				

****You must obtain the necessary supervisor's signature(s) before submitting to the Finance Dept.****

**I have reviewed the above
 request and approve all
 changes.**

_____ Program Director

Date Completed: _____