

**REQUEST FOR EXEMPTION FROM QUARTERLY BUDGET ALLOCATION**

\_\_\_\_\_  
Amount requested to be added to Quarterly Budget

Reason for Exemption  
and Payment Due Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dept. (ORG) No. & Name:

\_\_\_\_\_

Line Item:

(i.e., Contractual, Commodities, etc.)

\_\_\_\_\_

Requested by:

\_\_\_\_\_  
Fiscal Officer Printed Name/Signature

\_\_\_\_\_  
Date

**Approvals:**

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

**Forward approved form to the Office of Budget, ADM 129**

Budget Office Use Only

Office of Budget Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Transfer Number