



ICAN/SNAP-Ed Budget Adjustment Request Form

Please fill out completely and send to Lisa Varin at: lvarin@nmsu.edu

Date of Request: _____

Requested by County:		County HE/Director:
Contact Name:		SNAP-Ed Index:

Amount Requested	Use funds from:	Move funds to:	Please check (☑) one	
			Projection of Expenses <i>(Attach on Separate Sheet)</i>	Transfer of funds between line items/ No increase requested
\$			<input type="checkbox"/>	<input type="checkbox"/>
\$			<input type="checkbox"/>	<input type="checkbox"/>
\$			<input type="checkbox"/>	<input type="checkbox"/>

<p>Please provide a detailed explanation of budget adjustment requested above.</p> <p>(For example: Requesting \$100 additional funds in travel and \$50 in funds be moved from services to supplies)</p>	
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FOR STATE ICAN OFFICE USE ONLY

Approved by:

Financial Manager

Date

Program Director

Date