



RATE AMENDMENT REQUEST

Organization/Division: _____

Date: _____

Rate Justification

If Rate Amendment occurs across Orgs. you must also submit a Budget Transfer Request

	Fund	Org.	Account Code	Position No.	Current Rate	Increase	Decrease	New Rate	New Position Total
1									
2									
3									
4									
5									
6									
7									
8									

Requestor

Date

Total: _____

Budget/Business Manager

Date

Administrative Use Only

Processing Complete: _____

Date: _____