Fort Berthold Community College Budget or Modification Form

Date of Request:	Period of grant	Proposal No.:	
Effective Date of Modification:	NA	Modification No.:	NA
Department Code No.:	**Fund code** & Agency	Funding Agency Approval Required?	NA
Program No./ Title:	Name etc.	Approval Received?	

Description	Account Code	Original Budget	Amount Amended (+ or -)	Budget or Amended Bud
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
Total		$ -	$ -	$ -

Approved by and Date:

Program Director

Administrator

President

Business Manager