Request to Realign Funds or to Expend Unbudgeted Funds FY23										
Activity Name: Program / Location Code :								Date Submitted	Sequence #	
Funds may be moved from NAF to NAF or APF/UFM to APF/UFM only. No funds will be								Total Purchase Amount		
realigned between NAF and APF/UFM.								Cardholder		
				(MONTH)	(DEPT)	(GLAC)	Amount	Need By Date		
Expend Unbudgeted Funds: 1								Purchase Method		
2				:		•		Vendor		
			3	:		tal:		Original Budget	\$	
Realign Funds:					то			Original Budgeted Month		
	#	(MONTH) (DEPT)	-	(MONTH)	(DEPT)	(GLAC)	Amount	Total Amount To Move		
	2	· · ·				<u>-</u>		Act	vity Manager	
	3	: -			•	-				
	4	: -		:		-				
	5 : -				: -			NAME:		
Justification:					Total:			Di	Division Chief	
oustineation.								NAME:		
								Approved by		
							NAME:			
								Ke	yed by (FM)	
								NAME:		