

FORM BA100

BUDGET AMENDMENT FORM (Submit prior to May 1, 2008)

LIBRARY AGENCY: _____

GRANT NUMBER: _____

The form must include all budget lines in the original contract and in the proposed amendment.

BUDGET CATEGORY	ORIGINAL BUDGET AMOUNT	AMOUNT + OR -	NEW BUDGET REQUESTED
Library Materials			
Capital Outlay			
Professional Contracts			
Contractual Services			
Personnel			
Travel and CE for Staff			
CE and Meetings for Others			
Public Relations			
Supplies, Postage, and Printing			
Telephones and Telecommunication			
Equipment rental, repair & maintenance			
TOTAL			

Attach an explanation detailing why this budget amendment is necessary.

Person submitting the amendment:

Name Signed, Typed or Printed

Title

Telephone Number

Date

FOR ILLINOIS STATE LIBRARY USE:

Received/Acknowledged By: _____
Illinois State Library Grant Monitor _____
Date