

VOCA Budget Modification Request Form

To: Office of the Attorney General **BMR #:** _____
Attention: VOCA Administrator **Organization or Agency Code—Fiscal Year—Control No. Ex: VSC-20-001)**

Date: _____ **VOCA Subrecipient:** _____

Grant Award #: _____ **Contract #:** _____ **Contract Amount:** _____

Budget Category	Current Budget	Budget Adjustment (+ / -) Amount	Explanation
111 - Salary			
113 - Benefits			
220 - Travel / Mileage			
230 - Contractual			
240 - Materials / Supplies			
250 - Equipment			
290 - Miscellaneous			
360 - Utilities			
365 - Insurance			
450 - Capital Outlay			
Total Amount:			

Agency Certifying Official:

 (Print Name) Signature and Date

Program Director:

 (Print Name) Signature and Date

Instruction: Attach a copy of the proposed modified budget reflecting the adjustment(s).

- Below for Official Use Only -

- Recommend Approval
- Recommend Disapproval

VOCA Administrator:

 (Print Name) Signature and Date

Basis for Recommendation:

Concurred By:

- Approve
- Disapprove

 Rebecca M. Perez
 Chief of Staff

 Date
- Approved
- Disapproved

 LEEVIN TAITANO CAMACHO
 Attorney General

 Date