Date	Grambling State University Travel Office Travel Adjustment Form Name					For Travel Office Use Only: Copy forwarded to: Purchasing Office Controller's Office
From:					-	Date
Please adju	st the specifi		rtment	:	_	
Increase	Decrease	Cancel	Change	Reset	Description	
			- 8		Travel Encumbrance#	
					DATES: Complete for change of travel dates only.	From
					Purchase Requisition No.	
					Purchase Order No.	
					Other	
Account Number:						Amount \$
Purpose of A	Adjustment: -					
APPROVA	AL					
Requested by					Vice Presid	ent/President
Department Head/Director					Title III Di	rector (if applicable)
Dean/Auxi	liary Manag	er/Asst. V.	P.		Grants Adr	ninistrator (if applicable)
					Budget Offi	cer