



## PEX INCREASE FORM

Date: \_\_\_\_\_

Department: \_\_\_\_\_

GL: \_\_\_\_\_

GL Monthly Budgeted Amount: \$ \_\_\_\_\_

GL Adjusted Monthly Budget Amount: \$ \_\_\_\_\_

Requested Increase Amount: \$ \_\_\_\_\_

Reason for Increase Request:

---

---

Employee Submitting Request:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Name:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CEO and/or CFO Name:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approve     Disapprove

Upon completion, submit this to your supervisor. Please allow 72 hours for processing.