

**Facility Modification Request – AR 6601
 Form 4A (Fiscal Year Accounting Summary)**

Date: _____

To: Responsible Originating Administrator (ROA)

From: District Office Facilities (DO Facilities)
 Facility Planning, District Construction and Support Services

Re: Facility Modification Request No. _____
 Summary of FMR Expenses

Fiscal Year: _____

Funding Source: _____

Original Budget	Encumbrances	Current Fiscal Year Expenses	Cumulative Expenses to Date	Budget Balance
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Fiscal Year Transfer of Expenses Amount if applicable:

\$ _____

DO Facilities Reviewers:

Senior Accountant (Name): _____ Initials: _____ Date: _____

Director (Name): _____ Initials: _____ Date: _____

Assistant Vice Chancellor (Name): _____

Signature: _____ Date: _____