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STATE OF CALIFORNIA - DEPARTMENT OF REHABILITATION

BUDGET EXPENDITURE REVISION REQUEST

DR 341 (Rev. 10/93) Computer Generated

Facility Name And Address	Date Revision Requested		
	Page	Of	Pages
	Agreement #	Type	Revision #

A	B	C	D	E	F	G	H
Line Item	Qty	Previous Description or Position Title	Revised Description or Position Title	Total Amount Budgeted	Revised Amt. Requested	Amount Increased	Amount Reduced
		Unallocated Amount (Equipment Budget ONLY)					

Department of Rehabilitation Approval	Revision Effective Date			
		TOTALS		
		These totals MUST be identical	0.00	0.00

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