

CBS Document Level Adjustment Approval Form

Originator Name: _____ Title: _____ Date: _____ Phone: _____ LO/SO: _____

Request Form #(s)

Reason for Adjustment(s)/Notes:

I certify that I have reviewed and approve the DLA(s) submitted with the attached DLA Request Form(s) for further processing. Each DLA was not split or reduced to avoid the \$500K threshold review and approval requirement and it does not constitute a reprogramming of any funds. Approved by:

Originator's Supervisor or equivalent:

Originator's Supervisor: _____ Title: _____ Signature: _____ Date: _____ Phone: _____

1. Does DLA transfer costs across Organizations and or FMCs **YES** **NO**

***If Yes, Signature of affected Organization or FMCs is required:**

Affected Org/ FMC POC: _____ Title: _____ Signature: _____ Date: _____ Phone: _____

2. Does DLA contain object class:

a) 31.1X YES NO *If Yes, Signature of LOD/PPMB is required

b) 32.XX YES NO *If Yes, Signature of RPMD is required

LOD/PPMB POC: _____ Title: _____ Signature: _____ Date: _____ Phone: _____

RPMD POC: _____ Title: _____ Signature: _____ Date: _____ Phone: _____

3. Does DLA transfer funds across 1) fund codes, 2) programs, 3) or meet the \$500K threshold **YES** **NO**

***If Yes, Signature of LO/SO Budget Analyst AND LO Chief Financial Officer or Staff Office Director AND NOAA, BIS, or EDA Budget Execution are required:**

LO/SO Budget: _____ Title: _____ Signature: _____ Date: _____ Phone: _____

CFO/SOD POC: _____ Title: _____ Signature: _____ Date: _____ Phone: _____

Chief BEX POC: _____ Title: _____ Signature: _____ Date: _____ Phone: _____