

CBS Document Level Adjustment Approval Form

I certify that I have reviewed and approve the DLA(s) submitted with the attached DLA Request Form for further processing. This 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: _____

Does DLA transfer costs across Organizations and or FMCs Y N : If yes, Signature of affected Organization or FMCs is required:

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

Does DLA contain object class 1) 31.1X Y N 2) or object class 32.XX Y N : If any are marked yes, Signature of PPMB (31.1X) or RPMD (32.XX) is required

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

Does DLA transfers funds across 1) fund codes Y N 2) across programs Y N 3) or is over the \$500K threshold Y N :If any are marked Yes, Signature of LO/SO Budget Analyst AND LO Chief Financial Officer or Staff Office Director AND NOAA or BIS 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: _____

Originator Name: _____ Title: _____ Date: _____ Phone: _____ LO/SO: _____ Request Form# _____

Reason for Adjustment(s)/Notes: