

CONTRACT BUDGET FORM
Navajo Nation Sales Tax Adjustment

PROGRAM/DEPT. _____
 CONTACT PERSON _____
 PHONE NUMBER _____
 EMAIL ADDRESS _____
 CONTRACT NO. _____
 CONTRACTOR NAME _____
 CONTRACTOR ADDRESS _____

 CONTRACTOR PHONE _____
 CONTRACTOR EMAIL ADDRESS _____

For Administrative Purposes			
Business Unit No.	Object Code (Cost Type)	Account Name	Total
_____	_____	NN Sales Tax at 6%	\$ _____
_____	_____	NN Sales Tax at 6%	\$ _____
_____	_____	NN Sales Tax at 6%	\$ _____
_____	_____	NN Sales Tax at 6%	\$ _____
Original contract amount (not including tax):			\$ _____
Original contract amount for Navajo Nation Sales Tax at 5%:			\$ _____
Increased amount to meet the current 6% Navajo Nation Sales Tax:			\$ _____
New total contract amount after Navajo Nation Sales Tax increase:			\$ _____
REQUEST/COMMENTS: Please encumber an additional \$ _____ for this contract due to the increase in the Navajo Nation Sales Tax rate from 5% to 6%, which took effect on July 1, 2018.			

AUTHORIZATION

Authorized By: _____ Date: _____
Signature

Type Name & Title _____

(Must be signed by an Employee or Official with authority to obligate funds of the Program/Dept./Division/Branch)

OOC Concurrence By: _____ Date: _____
Signature

Type Name & Title _____