

OPERATING BUDGET REQUEST		2016-2017	DETAIL SHEET
Department Name		Department Number	Request Number
Title/Focus of Request:		Department Priority: _____ Dean's Priority: _____ Division Priority: _____	
Select One: New Strategic Initiative: <input type="checkbox"/> _____ One-time Request: <input type="checkbox"/> _____		Change to Existing Budget Item: <input type="checkbox"/> _____	
Include a written justification of all requests in the Justification Narrative below.			
Personnel: (Full-time faculty, nonexempt, exempt, adjunct, overtime & additional personnel)			
Account Number:		_____	\$ _____
Will this request require new office space or other space? <i>If yes include on the Capital Request Form.</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student Employment: (This is a total budget request, not in addition to the existing current budget)			
Account Number:		_____	\$ _____
Support Costs: (telephone, postage, supplies, activities, contract services, consulting, etc.)			
Account Number:		_____	\$ _____
Support cost:			
Account Number:		_____	\$ _____
Support cost:			
Account Number:		_____	\$ _____
Equipment and/or Furniture: (Moveable equipment, i.e., computers, software, desks, chairs, estimated to cost less than \$2,500.)			
Account Number:		_____	\$ _____
Other:			
Account Number:		_____	\$ _____
Total			\$ _____
Please complete the Justification Narrative below:			
Department Signature: _____		Date: _____	
Dean Signature: _____		Date: _____	
Division Signature: _____		Date: _____	

Justification Narrative: