

OPERATING BUDGET REQUEST		2017-2018	DETAIL SHEET
Department Name	Department Number	Request Number	
Title/Focus of Request:		Department Priority: _____	
		Dean's Priority: _____	
		Division Priority: _____	
Select One: New Strategic Initiative: _____		Change to Existing Budget Item: _____	
One-time Request: _____			
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?	Yes _____	No _____	
<i>If yes include on the Capital Request Form.</i>			
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: