



Office of Budget and Planning

DEPARTMENT BUDGET REQUEST / FISCAL YEAR (FY):

Department/ College:		Select One Type: New Budget Department Name Change Department Budget Manager Change				
Requested by:		Phone:				
Business Manager:		Phone:				
Effective Date:						
Purpose:						
Source of Funding (<i>attach detailed budget or budget amendment</i>):						
Current Department Prefix:		New Department Prefix:				
Current Department Name:		New Department Name:				
Current Department Budget Manager:		New Department Budget Manager:				
Other Change (<i>describe</i>):						
Approval Signatures						
**Required; all other signatures are optional based on specific department requirements; note N/A if not required by department.						
Signature:		Date:				
Business Manager:						
Signature:		Date:				
Director or Department Head:**						
Signature:		Date:				
Dean of College or AVP:						
Signature:		Date:				
Provost, Vice President or COO:						
Signature:		Date:				
President:						
BUDGET OFFICE USE ONLY						
FUND	DEPARTMENT	PROGRAM		CLASS	ACCOUNT(S)	
		REV	APPROP		REV	APPROP
Detail Code: _____ Speedtype: _____ Speedchart: _____ Inactive: <input type="checkbox"/> Reactivate: <input type="checkbox"/> Processed By: _____ Processed Date: _____		ADP Update Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is the new organization unit in ADP required? <input type="checkbox"/> Yes <input type="checkbox"/> No ADP Code: _____			Dept _____ ST _____ SC _____ ADP _____ Build Combo _____ Budget _____ Concur _____ Email _____ Tracking # _____	