

LOS MEDANOS COLLEGE

BUDGET REQUEST FORM

I. Requestor Information			
Requestor Name		Date Submitted	
Requestor Email		Department/Program Name	
II. General Information			
Request Title		Educational Master Plan Objective	
Request Description: Please describe the request and how it aligns with your program review			
III. Personnel Resource Need <small>(For FT Faculty Requests, Refer to Box 2A Process)</small>			
Position Name/Title		Classification	FTE
Position Type	Funding Duration	Funding Source	Est. Salary & Benefits
<input type="checkbox"/> Faculty R/T <input type="checkbox"/> Classified <input type="checkbox"/> Manager <input type="checkbox"/> Student	<input type="checkbox"/> On-going/Permanent <input type="checkbox"/> One-time	<input type="checkbox"/> Operations (Fund 11) <input type="checkbox"/> Other <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> Salary (Step 1) <input style="width: 100%;" type="text"/> Benefits <input style="width: 100%;" type="text"/> Total
Program Review Justification:			

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IV. Operating Resource Need (Equipment, Services, Non-Personnel)	
Resource Type	
<input type="checkbox"/> Equipment	<input type="checkbox"/> Service/Contract
<input type="checkbox"/> IT Hardware/Software	<input type="checkbox"/> Supplies
<input type="checkbox"/> Facility Improvement	
<input type="checkbox"/> Other	
General Description	Est. Expense
Program Review Justification:	
V. Professional Development Resource Need	
Resource Type	
<input type="checkbox"/> Conference/Meeting	<input type="checkbox"/> Online Learning
<input type="checkbox"/> Materials/Supplies	<input type="checkbox"/> IT Hardware/Software
<input type="checkbox"/> Consultant/Trainer	
<input type="checkbox"/> Other	
General Description	Est. Expense
Program Review Justification:	

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VI. Request Approval			
Signatures			
Requestor Signature	DATE	Department/Program Chair <u>or</u> Manager	DATE
Department/Program Dean or Vice President	DATE	VP, Business & Administrative Services	DATE
VII. For Business Services Use Only			
Request Approved/Denied		Modifications	
Date Request Approved		Request Extensions	
Funding Source		Date Approved	
GL #		Approved By	