

LOS MEDANOS COLLEGE

BUDGET REQUEST FORM

I. Requestor Information			
Requestor Name		Date Submitted	
Click here to enter text.		Click here to enter a date.	
Requestor Email		Department/Program Name	
Click here to enter text.		Click here to enter text.	
II. General Information			
Request Title		Strategic Plan Objective - Reference #	
Click here to enter text.		Click here to enter text.	
Request Description			
Click here to enter text.			
III. Personnel Resource Need <small>(For FT Faculty Requests, Refer to Box 2A Process)</small>			
Position Name/Title		Classification	FTE
Click here to enter text.		Click here to enter text.	Click here to enter text.
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
Justification:			
Click here to enter text.			

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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
Click here to enter text.	Click here to enter text.
Justification:	
Click here to enter text.	
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
Click here to enter text.	Click here to enter text.
Justification	
Click here to enter text.	

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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	
Click here to enter text.	Click here to enter text.		
Date Request Approved		Request Extensions	
Click here to enter text.	Click here to enter text.		
Funding Source		Date Approved	
Click here to enter text.	Click here to enter a date.		
GL #		Approved By	
Click here to enter text.	Click here to enter text.		