

## **BUDGET REQUEST FORM**

I.	Requestor Information						
Requestor Name			Date Submitted				
Requestor Email			Department/Program Name				
	Ganara	Information					
Request Title	Genera	General Information Educational Master Plan Objective					
Request Descript	tion						
	-						
III. Position Name/Ti		nel Resource Need (F	or FT Faculty Requests, Refer to I Classification	Box 2A Process) FTE			
	nne						
		Funding Duration	Funding Courses	Eat Calamy & Davafita			
Position Type		Funding Duration	Funding Source	Est. Salary & Benefits			
Faculty R/T		Funding Duration	Funding Source	Est. Salary & Benefits			
Faculty R/T							
Faculty R/T		On-going/Permanent	C Operations (Fund 11)	Salary (Step 1)			
<ul> <li>Faculty R/T</li> <li>Classified</li> <li>Manager</li> </ul>		On-going/Permanent	C Operations (Fund 11)	Salary (Step 1) Benefits			
<ul> <li>Faculty R/T</li> <li>Classified</li> <li>Manager</li> <li>Student</li> </ul>		On-going/Permanent	C Operations (Fund 11)	Salary (Step 1) Benefits			
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IV.	IV. Operating Resource Need (Equipment, Services, Non-Personnel)							
Resource Type								
🔲 Equipment		Service/Contract	Facility Improvement					
🔲 IT Hardware/S	oftware	🔲 Supplies	C Other					
General Description	on		Est. Expense					
Justification:								
Justineution.								
٧.	Professional D	evelopment Resource Need						
Resource Type								
Conference/Me	eeting	🔲 Online Learning	Consultant/Trainer					
🔲 Materials/Sup	plies	🔲 IT Hardware/Software	C Other					
General Description	on		Est. Expense					
Justification								
Justineution								



## **BUDGET REQUEST FORM**

VI.	Request Approval			
Signatures				
Requestor Signat	uro	DATE	Department/Program Chair or Manager	DATE
Requestor signat	uie	DATE	Department/Program Chail <u>or</u> Manager	DATE
	gram Dean or Vice President	DATE	VP, Business & Administrative Services	DATE
VII.	For Business Services	Use Or		
Request Approve	ed/Denied		Modifications	
Date Request Ap	proved		Request Extensions	
Funding Source			Date Approved	
GL#			Approved By	