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 (For FT Faculty Requests, Refer to Box 2A Process)

Position Name/Title	Classification	FTE

Position Type	Funding Duration	Funding Source	Est. Salary & Benefits
☐ Faculty R/T ☐ Classified ☐ Manager ☐ Student	☐ On-going/Permanent ☐ One-time	☐ Operations (Fund 11) ☐ Other [ ]	[ ] Salary (Step 1) [ ] Benefits [ ] Total

Program Review Justification:

LOS MEDANOS COLLEGE

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IV.	Operating Resource Need (Equipment, Services, Non-Personnel)	

Resource Type

☐ Equipment	☐ Service/Contract	☐ Facility Improvement
☐ IT Hardware/Software	☐ Supplies	☐ Other

General Description	Est. Expense

Program Review Justification:

V.	Professional Development Resource Need	

Resource Type

☐ Conference/Meeting	☐ Online Learning	☐ Consultant/Trainer
☐ Materials/Supplies	☐ IT Hardware/Software	☐ Other

General Description	Est. Expense

Program Review Justification:

LOS MEDANOS COLLEGE

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VI. Request Approval	
Signatures	
Requestor Signature DATE	Department/Program Chair or 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**