



Office of Budget and Planning

DEPARTMENT BUDGET REQUEST / FISCAL YEAR (FY):

Department/ College:		Select One Type: New Department Department Name Change Department Budget Manager Change Business Manager Update				
Requested by:	Phone:					
Business Manager:	Phone:					
Fund:	Effective Date:					
Purpose:						
Source of Funding (attach detailed budget or budget amendment):						
Current Department Prefix:		New Department Prefix:				
Current Department Name:		New Department Name:				
Current Department Budget Manager:		New Department Budget Manager:				
Comments (if Business Manager Update list all Department ID's for which the business manager should be added):						
Approval Signatures						
**Required; all other signatures are optional based on specific department requirements; note N/A if not required by department.						
Business Manager:						
Signature:			Date:			
Director or Department Head:**						
Signature:			Date:			
Dean of College or AVP:						
Signature:			Date:			
Compliance: (Fund 14XXX Only)						
BUDGET OFFICE USE ONLY						
FUND	DEPARTMENT	PROGRAM		CLASS	ACCOUNT(S)	
		REV	APPROP		REV	APPROP
Detail Code: _____ Speedtype: _____ Speedchart: _____ Inactive: _____ Reactivate: _____ Processed By: _____ Processed Date: _____		ComboCode Update Required? Yes No If Yes, is the new organization unit in ComboCode required? Yes No Combo Code: _____			Dept _____ Financials <input type="checkbox"/> HCM <input type="checkbox"/> ST _____ SC _____ ComboCode _____ Budget _____ Concur _____ Email _____ Tracking # _____	