

ORIGINAL/NEW BUDGET



This form should be used to setup original or newly awarded budgets. Programs funded by outside agencies should attach the award letter written or e-mail approval from the funding agency.

Date: _____ **Employee:** _____ **Dept./Department #:** _____

Fund Number: _____ - _____ **Fund Name:** _____

ACCOUNT NUMBER	ACCOUNT NAME	ORIGINAL/NEW BUDGET
7010	Salary & Wages	\$
7015	Fringe Benefits	\$
7020	Consultants	\$
7025	Subcontracts	\$
7035	Training	\$
7060	Travel	\$
7064	GSA Vehicles	\$
7065	Vehicle Maintenance	\$
7070	Supplies	\$
7080	Repairs & Maintenance	\$
7090	Telephone	\$
7100	Capital Outlays / Equipment	\$
7700	Other Expenses	\$
		\$
7800	Indirect Expense	\$
Total:		\$

Prior to the Treasurer's final signature, by signing below I certify that a careful review has been completed, the budget is accurate and in conformance with the Award Document, and available for authorized expenditures.

1. _____
Director **Date**

4. _____
Responsible Accountant **Date**

2. _____
Manager **Date**

5. _____
Finance Manager **Date**

3. _____
Executive Director/Officer **Date**

6. _____
Treasurer **Date**