

ORIGINAL/NEW BUDGET



This form should be used on new or approved budgets. Programs funded by outside agencies should attach 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	\$
7065	GSA Vehicles	\$
7066	Service to Participants	\$
7070	Supplies	\$
7073	Materials	\$
7075	Rent	\$
7080	Repairs & Maintenance	\$
7090	Telephone	\$
7100	Capital Outlays / Equipment	\$
7200	Utilities	\$
7700	Other Expenses	\$
		\$
		\$
7800	Indirect Expense	\$
Total:		\$

Director Date

Finance Manager Date

Manager Date

Executive Director/Officer Date

Responsible Accountant Date

Treasurer Date