



Request for Budget Allocation

Date _____

Department _____

Requester Name _____

Requester Email _____

Total Amount _____
*amount per year if Indefinite

Purpose _____

One Time or Recurring _____ **If Recurring, how long?** _____

Justification Describe how funds will advance COM's strategic plan.

Category	FY2023	FY2024	FY2025
Salaries - Faculty	_____	_____	_____
Salaries - Non-Faculty	_____	_____	_____
Wages	_____	_____	_____
Benefits	_____	_____	_____
Utilities	_____	_____	_____
Scholarships	_____	_____	_____
Operations & Maintenance	_____	_____	_____
Equipment (Capitalized)	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____

Requester _____ Department Head _____

Business Affairs Comments

Assistant Dean of F&A _____

Dean _____