Fiscal Request



Request Number:

Submission Date:			Preparer:			
Division:		Fi	Fiscal Year:			
Department:		O	One-time or Continuing:			
Request Amount b	y Fiscal Year:					
FY2026	FY2027	FY2028	FY2029	FY2030		

Detail Breakdown of Budget Requested:

Salaries (1100)	
Wages (1700-1740)	
Benefits (1900)	
Travel (3000)	
M&O (4000)	
Utilities (5000)	
Scholarships (5900)	
Capital (8000)	

Preferred Account:

Detailed Description of Request: (Please be specific and feel free to attach any additional supporting documentation.)

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Expected Impa	act and Outcomes:	
What alternati	ives have been considered if the additional funding is not approved.	
Are there any	other sources of funding available within your area that could be utilize	d?
Strategic Plan	Initiative that supports this request:	
Purpose/Objec	ctive that supports this request:	
Assessment Da	ata Supporting Request:	
Signature:	Date:	
]	Dean/Department Head	
Signature:	Date: Vice President/President	

Fiscal Request



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The remaining s	ection	will be	filled	out by	budge	et &	VPFA.
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Approval Conditions:

Source of Funds:

PC Review Fiscal Quarter: Q

Decision: Approved Denied

PC Approval Date

Signature: Date:

Andrew Rogers, VPFA & CFO