



DESIGNATED FUND BUDGET PROPOSAL

Return this form to Grant and Desl Fund Accounting, B16, Clar

PLEASE CHECK IF A NEW
COST CENTER IS REQUESTED

Fiscal Year

Cost Center Name

Cost Center Number

(leave blank if a new cost center is requested)

Financial Manager

Campus Address / Phone

Division/College

Program Description/Purpose

Please identify a cost center that will cover any deficit balance for this program as of June 30.

Supporting Cost Center: _____

Signature – Financial Manager of Supporting Cost Center

Date

(official use only - Accounting)

(official use only – AVP Finance)

THIS COST CENTER IS APPROVED
TO BE ESTABLISHED.

Signature

Date

Cost Center Name: _____

Cost Center Number: _____

UNIVERSITY ALLOCATIONS**

If an allocation is to be received from another area within the University, this transfer section **must** be completed.

Please Note: Requests to transfer funds out of the General Fund will be reviewed for appropriateness and may potentially be denied.

Allowable Transfers: General Fund Operating (4005xxxxxx) and most Designated Funds (401xxxxxx).
Unallowable Transfers: General Funds outside of this area (4005xxxxxx) can only be used if approved by the authorizing area (see below). All Restricted Fund transfers are unallowable.

Personnel 4004xxxxxx (Requires Budget Office Approval)	ESF 4006xxxxxx (Requires Academic Admin Approval)	Auxiliary 402xxxxxx (Transfers Unallowable)	Restricted 403xxxxxx (Transfers Unallowable)
---	--	--	---

Contributing Cost Center #	Name of Contributing Cost Center	Financial Manager Signature of Contributing Cost Center	Amount
			\$
			\$
			\$
			\$

If revenue or transfers are not received continually throughout the fiscal year, please indicate when revenue or transfers are expected. [*i.e.*; month(s), semester]

Cost Center Name: _____

Cost Center Number: _____

BUDGET SUMMARY

Estimated Beginning Balance as of July 1 \$ _____

Projected Income

Fees:

Number of Users _____

Fee Amount _____

Total Fees \$ _____ *

Contract Income \$ _____

Sales and Service \$ _____

Other \$ _____

University Allocations \$ _____ **

**If a fee amount is indicated here, you MUST attach a copy of your current fee/rate schedule for services.*

***This amount should agree with detail on page 2.*

Total Projected Income + \$ _____

Projected Expenses

Personnel: *(Complete worksheet on Page 4)*

Salaries (Faculty & Staff) _____

Benefits _____

Student Wages _____

Total Personnel \$ _____

Operating \$ _____

Equipment (assets of \$5,000 or more) \$ _____

Chargeback Expenses

Print Center _____

Automotive Fleet (mileage) _____

Total Chargeback Expenses \$ _____

Total Projected Expenses - \$ _____

Estimated Ending Balance as of June 30 \$ _____

Cost Center Name: _____

Cost Center Number: _____

PERSONNEL EXPENSES

Enter detail for all employees (Faculty, Admin, Staff, Graduate Assistants) funded by this Cost Center.

* (Payment Method examples: Summer Contracts, Supplemental Pay Contracts, Overload, Regular Salary)*

Employee Name or Position Class	Time Period	*Payment Method*	% (of time)	Projected Salaries	Projected Benefits
			%		
			%		
			%		
			%		
			%		
SUB-TOTAL				\$	\$
TOTAL SALARIES and BENEFITS					\$

Student Wages

	# of Hours	Rate/Hour	Wages
Undergraduate Wages		x	=
Graduate Wages		x	=
TOTAL			\$

If Personnel expenses are not charged to this Cost Center, please indicate which personnel work on this program and where they are charged: