

**2018-2019 OPERATING BUDGET REQUEST FORM**

Please use the worksheet below to itemize, explain and total your budget request. Please send the completed form and any supplemental materials to [financialplanning@lclark.edu](mailto:financialplanning@lclark.edu) by Friday, February 16, 2018.

Budget Requestor Name: \_\_\_\_\_ Department: \_\_\_\_\_  
 Dean or VP Responsible: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate type of Budget Request:

☐ FY19 Budget Adjustment

☐ Additional Fund Request

**REVENUE:**

FROM - Current GL	TO – Proposed GL	Reason	Amount
<b>Total:</b>			

**EXPENSE:**

FROM - Current GL	TO – Proposed GL	Reason	Amount
<b>Total:</b>			

*Note: Please use 31% for taxes and benefits for regular benefit eligible positions.*

NET (Revenue – Expense): \_\_\_\_\_

Is this a one year or permanent request?

**Briefly describe your request, including impact on students.**

**What are the benefits of this request? If possible, please quantify.**