Budget Request Form

2019 - 2020

**Submit to President’s Cabinet Level Supervisor by February 11, 2019**

Department Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Org Code (8-digit budget number) \_\_\_\_\_\_\_ .

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

**Budget Change Contribution to Strategic Plan**

**Describe the budget change you are proposing. Also identify the budget change by object code (consolidate fringe in 1600):**

**Identify the Strategic Initiative to which the change contributes:**

**Describe how the change contributes to the Strategic Initiative:**

**What is the adjusted target level of performance (increased enrollment, for example) by the end of 2019-2020 fiscal year?**