

Caerthe Officer Budget Request Form

OFFICE: _____

BUDGETARY YEAR: _____

Estimated Monthly Standard Expenses:

Line #	Item/Description	Monthly Cost	Yearly Cost
1	Postage		
2	Printing/Copying		

Estimated Other Monthly Expenses:

Line #	Item/Description	Monthly Cost	Yearly Cost
3			
4			
5			
6			
7			
8			
9			

Estimated Capital and One Time Expenses:

Line #	Item/Description	Use/Reason	Cost
10			
11			
12			
13			
14			
15			

Total Standard Expenses:
 Total Other Expenses:
 Total Capital/One Time Expenses:
TOTAL REQUESTED BUDGET:

Requested Budget is Declined for the following reasons:

Requested Budget is Approved with the exception of the following line items:

Approved by Financial Committee on: _____

Witness: _____
 (Print)

 (Sign)