

**New State Budget Setup/State Budget Title Change Form**  
Office of Budgeting and Planning

**Section I**

Indicate if this is a new budget or title change

<input type="checkbox"/> New Budget <input type="checkbox"/> Title Change
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**Section II**

Justify why this budget is needed OR justify the title change

_____ _____ _____ _____ _____
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**Section III (Must be completed for new budget request)**

Provide the Planning unit this budget will report to

\_\_\_\_\_

**Section IV**

Obtain all signatures that apply to your unit

_____	_____
Budget Manager	Date
_____	_____
Chair	Date
_____	_____
Dean	Date

**Office of Budgeting and Planning ONLY**

Dated Received:	____/____/____
Reviewed by:	_____ Date: _____
	_____ Approve _____ Denied
Approved by:	_____
Assigned FOAP:	_____