



Ouachita Baptist University Budget Request Form

Department: _____

Requestor: _____

Fiscal Year: _____

Description of the project/proposal (*provide as much justification/detail as possible*):

Duration: _____ One-time request _____ On-going (multi-year) project

Budget Categories requested (Amounts requested should only include expenses for one fiscal year)	Minimum Funding	Optimal Funding	Amount Funded (<i>Budget Committee use</i>)
Salaries <i>Description:</i> _____ _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Benefits <i>Description:</i> _____ _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Supplies <i>Description:</i> _____ _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Travel <i>Description:</i> _____ _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Equipment <i>Description:</i> _____ _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other Costs <i>Description:</i> _____ _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Revenue/Reductions to offset request <i>Description:</i> _____ _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total requested	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

This form should not be used to request budget increases for existing programs unless the request meets the criteria outlined in the budget policy found at <http://home.obu.edu/adminpolicies.asp>