

EAGLE MOUNTAIN-SAGINAW ISD
BUDGET ENHANCEMENTS REQUEST
 2016-2017 School Year

This form is used for increases to your budget that you may need for a new program, service or enhancement of an existing program or service.

Information that will be necessary will (at a minimum) include the following:

- * A general description of the program and the goals of the program
- * Details of the project including:
 - o Required personnel
 - o Personnel who will be responsible
 - o Equipment and material costs – initial year and upcoming years
 - o Facility requirements
 - o Benefits analysis and basis for measurement of outcomes
 - o Other information you feel is necessary to evaluate the program

Enhancements must be submitted to Sheree Coleman by April 1st and will be reviewed by the Leadership team.

CAMPUS/DEPARTMENT _____ DATE _____

PROGRAM DESCRIPTION

BUDGET ACCOUNT CODE

Fund Fct Object Sub-Obj Org PIC
 199 - _____ - _____ - _____ - _____

INITIAL COSTS _____

CONTINUING COSTS _____

ANCILLARY COSTS _____

REQUEST STATUS	
DATE	STATUS

Submitted By: _____

Budget Manager Approval: _____