

# UTSA Financial Affairs

## Annual Operating Budget Request – 32XX

Used to document annual operating budget requests.

**Instructions:** The budget projection should be based on an analysis of actual costs and revenues for the current fiscal year. Attach a current billing rate calculation and any changes to the business plan to substantiate budget changes, as applicable. Rate increases must be accompanied by a detailed rate calculation and explanation. Send the completed and signed forms to [Accounting Services](#) via email, campus mail, or in-person at NPB 4.170.

Section 1: Service Center Contact Information						
Budget for fiscal year:		CostCenter:		CostCenter Title:		
Phone:		Department:				
Section 2: Expenditures (Note: All expenditures must be directly related to the recharge activities being billed to internal customers.)						
Type of Expenditure	Budget Account	Miscellaneous				Totals
A. Salaries		Total FTEs	Fringe Rate	Salaries	Fringe	Total Salaries & Fringe
a) Staff salaries:	A1000					
b) Wages:	A1200					
c) Payroll related cost (benefits):	A3000					
d) Other:						
		<b>Total:</b>				
B. M&O:	A4000					
C. Purchased materials for resale:	A4000					
D. Travel (explain):	A4000	Briefly explain expenditure:				
E. Other (explain):		Briefly explain expenditure:				
<b>Total Expenditures:</b>						
Section 3: Revenues		Section 4: Summary				
Total sales to internal customers:		Projected Balance Forward (as of September, 1 <sup>st</sup> of next fiscal year)				
Total sales to external customers:		(-) Projected Expenditures (Section 2)				
Other:		(+) Projected Revenues (Section 3)				
<b>Total Revenue:</b>		<b>Projected Ending Balance:</b> (as of August 31 <sup>st</sup> of the next fiscal year)				
Describe other revenue sources:		<small>NOTE: This account must either net-zero or not exceed 10% (+) of the annual total revenues. The College/Department will take responsibility for any deficit in this account. For more information, see the UTSA Financial Management Operational Guideline (FMOG) – <a href="#">Establishment and Financial Management of Recharge Centers and Specialized Service Facilities</a>.</small>				
Section 5: Comments (Note: If applicable, explain any changes in your account activity or business plan for next year.)						
Section 6: Certification						
<b>Attention:</b> By signing below, you certify the information listed above has been reviewed for accuracy.						
Responsible Parties Name		Signature			Date	
Department Manager:						
Department Director:						
Accounting Services Recharge Center reviewer:						