

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 <i>(Note: All expenditures must be directly related to the recharge activities being billed to internal customers.)</i>						
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:						
		Total:				
B. M&O:	A4000					
C. Purchased materials for resale:	A4000					
D. Travel (explain):	A4000	Briefly explain expenditure:				
E. Other (explain):		Briefly explain expenditure:				
Total Expenditures:						
Section 3: Revenues		Section 4: Summary				
Total sales to internal customers:		Projected Balance Forward (as of September, 1 st of next fiscal year)				
Total sales to external customers:		(-) Projected Expenditures (Section 2)				
Other:		(+) Projected Revenues (Section 3)				
Total Revenue:		Projected Ending Balance: (as of August 31 st 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) – Establishment and Financial Management of Recharge Centers and Specialized Service Facilities.</small>				
Section 5: Comments <i>(Note: If applicable, explain any changes in your account activity or business plan for next year.)</i>						
Section 6: Certification						
Attention: 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:						