

UTSA Annual Operating Budget Request — 18-Accounts

(Service Centers, Specialized Service Facilities, Pass-Through Operations)

Instructions: Use this form to document annual operating budget requests. 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 Grants & Contracts Financial Services (GCFS) via email, fax, campus mail or in-person at JPL.4.04.20.

A. Service Center Contact Information

Budget for fiscal year:

Department Contact Name:

Phone:

Account Title:

Account Number:

B. Expenditures: All expenditures must be directly related to the recharge activities being billed to internal customers.

Type of Expenditure	Sub-account	Miscellaneous				Totals
		Total FTEs	Fringe Rate	Salaries	Fringe	Total Salaries & Fringe
A. Salaries:						
a. Admin. Professional (A&P)	09		25%			
b. Classified Salaries	10		25%			
c. Wages (Benefits Eligible)	20		25%			
d. Wages	20		8%			
e. Other			25%			
		Total:				
B. M&O	50					
C. Purchased Materials for Resale	64					
D. Travel (explain):	75	Briefly explain expenditure:				
E. Other (explain):		Briefly explain expenditure:				
Total Expenditures:						

C. Revenues

D. Summary

Total Sales to Internal Customers:		Projected Balance Forward (as of Sept. 1 st of the next fiscal year):	
Total Sales to External Customers:		Plus: Projected Revenues (section C)	
Other:		Less: Projected Expenditures (section B)	
Total Revenue:		Projected Ending Balance (as of August 31 st of the next fiscal year):	
Describe other revenue source(s):		NOTE: This account must either net zero or not exceed 10-percent (plus or minus) of the annual total revenues. The College/Department will take responsibility for any deficit in this account. For more information, see Fiscal Review, a subsection of administrative guideline 2.7.2.	

E. Comments: If applicable, explain any changes in your account activity or business plan for next year. For more information, see the Rate settings section within administrative guideline 2.7.2.

F. Certification: By signing below, you certify the information listed above has been reviewed for accuracy.

Account Administrator (print name):

Signature:

Date:

Department Head or Director (print name):

Signature:

Date:

GCFS Recharge Center Reviewer (print name):

Signature:

Date: