

Instructions for Non-Appropriated Budget Form

- Enter required data in the shaded cells. Whenever possible, the form should be completed electronically.
- After entering required data, click on the gray button at the bottom of the form to calculate Change in Fund Balance and Ending Fund Balance.
- A sample form can be found on the second page. The actual form to be completed and submitted is on the third page.
- For assistance with this form or other budget-related questions, please contact the Budget Office at 865-8491.

SUU: NON-APPROPRIATED PROGRAM BUDGET (SAMPLE)

Fiscal Year 2009-10

Quick Form Tips

Account Name: Business Office Fees Fund: 123456 Org: 98765

Account Index: BUSOFF Prog: 60 Type: Original →

Current Banner Account Users: Joe Public, Jane Doe, Alan Smithee →

← Specify Original or Revised.

← List all Banner Finance users who currently require access to this account.

Beginning Fund Balance 1,839 →

Revenues - Specify Type ¹

<u>Contracts</u>	<u>7,855</u>
<u>Sales</u>	<u>6,500</u>
<u>Commissions</u>	<u>1,500</u>

Total Budgeted Revenues 15,855 →

Expenses - Specify Type ²

<u>Hourly Wages</u>	<u>5,000</u>
<u>Employee Benefits</u>	<u>500</u>
<u>Current Expense</u>	<u>2,500</u>
<u>Travel</u>	<u>800</u>
<u>Capital</u>	<u>5,000</u>

Total Budgeted Expenses 13,800 →

Projected Change in Fund Balance 2,055 →

Click here to calculate

Projected Ending Fund Balance 3,894 →

← Fund balance information can be obtained from the FGITBSR screen in Internet Native Banner. Round to the nearest dollar. Use estimate if exact beginning fund balance is not available.

¹ **Most Common Revenue Types:**
Student Fees, Course Fees, Appropriations, Grants, Contracts, Gifts, Admissions, Rental Income, Sales & Services, Commissions, Investment Interest, Endowment Income, and Interdepartmental.

← Total of all revenue items (does not include beginning fund balance).

² **Most Common Expense Types:**
Salaries, Hourly Wages, Employee Benefits, Current Expense, Travel, Capital, Scholarships, and Indirect Costs.

← Total of all expense items.

← Total Revenues minus Total Expenses.

← Beginning Fund Balance plus or minus Change in Fund Balance (cannot be negative).

Submitted By: _____ Date: _____ →

Approved By: _____ Date: _____ →

Budget Office: _____ Date: _____ →

← Print form, obtain required signatures, and return to the Budget Office.

SUU: NON-APPROPRIATED PROGRAM BUDGET

Fiscal Year 2009-10

Account Name: _____

Fund: _____

Org: _____

Account Index: _____

Prog: _____

Type: _____

Current Banner _____
Account Users: _____

Beginning Fund Balance

Revenues - Specify Type

Total Budgeted Revenues

_____ -

Expenses - Specify Type

Total Budgeted Expenses

_____ -

Projected Change in Fund Balance

_____ -

Projected Ending Fund Balance

_____ -

Submitted By: _____

Date: _____

Approved By: _____

Date: _____

Budget Office: _____

Date: _____