

Annual Department Expense Budget

Business Unit: _____ Fiscal Year: _____

Department Information

Department Name	_____	Department Manager	_____
Prepared By	_____	Date	_____

Expense Budget Details

Category	Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Total
Salaries & Wages	_____													
Benefits	_____													
Office Supplies	_____													
Travel	_____													
Utilities	_____													
Other	_____													
Grand Total														

Notes

Approval Signature: _____ Date: _____