

2007 – 2009 BUDGET APPEALS SUMMARY FORM

AGENCY NAME: _____ **AGENCY NUMBER:** _____

CONTACT NAME: _____ **PHONE NUMBER:** _____

- List your issues in priority order.
- Describe each in one or two sentences.
- Detail the changes by program unit and budget category (Personal Services, Services and Supplies, Capital Outlay, Special Payments) that would be affected if the appeal is approved.
- If positions are involved, note the position number(s), classification(s), position type(s), and salary range(s) on a separate attachment.
- Attach any backup information that supports your request.
- Deliver the completed form to the Budget and Management Division (BAM) by 5:00 p.m. on the due date shown in BAM's cover letter.

APPEAL ISSUES (List in Priority Order)	FISCAL IMPACT					
	PROGRAM UNIT / PACKAGE NUMBER	GENERAL FUNDS	LOTTERY FUNDS	OTHER FUNDS	FEDERAL FUNDS	