

2005-07 ESSENTIAL BUDGET LEVEL EXCEPTION FORM

Agency name:

Exception request number (Agency number-request number, i.e. 257-01):

Issue:

Justification:

Fiscal Impact:

- Program Unit name and number:
 - Package number:
 - Dollars by fund type by category: (Personal Services with positions and FTE, Services and Supplies, Capital Outlay, Special Payments):
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- Methodology of calculation:

Decision (for BAM use only):