

## 2009 –11 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, package number 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.

<b>APPEAL ISSUES</b> ( List in Priority Order)	<b>FISCAL IMPACT</b>					
	PROGRAM UNIT / PKG NUMBER / CATEGORY	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS	FEDERAL FUNDS	POSITIONS / FTE