

HLC Accreditation Evidence

• Budget Request Template

URL:

Office of Origin:

• Vice President of Administration

Contact(s):

• Vice President of Administration

Dept/ Program Professional Development Description # of Employee (all sociated costs) Total Cost or Elective costs) Required or Elective celective Need & Impact Barton Strategic Goal FY Yea Image: Sociated Cost Image:	r (22, 23, 24)
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Personnel									
Location	Dept/ Program	Position Summary/Title	Estimated Salary & Benefits (consult with HR)	Need & Impact	Barton Strategic Goal	FY Year (22, 23, 24)	Need & Impact	Barton Strategic Goal	FY Year (22, 23, 24)
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Equipment								
Location	Dept/ Program	Equipment Request	Quantity Needed	Unit Cost	Total Cost	Need & Impact	Barton Strategic Goal	FY Year (22, 23, 24)

	Facilities & Techn	ology							
Location	Dept/ Program	Facility and/or Technology Request	Project Description	Quantity Needed (As Applicable)	Unit Cost	Total Cost (consult with Mark Dean if facility/technolo gy form if technology)	Need & Impact	Barton Strategic Goal	FY Year (22, 23, 24)
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Program Budget					
Location	Dept/ Program	Budget Amount (new or adjusted)	Need & Impact	Barton Strategic Goal	FY Year (22, 23, 24)
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