

**AMERICAN ASSOCIATION OF UNIVERSITY WOMEN  
BUFFALO BRANCH  
BUDGET REQUEST**

Please assist the Treasurers, the Finance Committee and your replacement, if applicable, by completing the form below. Your input will be taken into consideration as the budget is being prepared for presentation at the June board meeting.

Your Name \_\_\_\_\_

Position \_\_\_\_\_

Budget Code \_\_\_\_\_ Budgeted amount for current year \_\_\_\_\_

Was the budgeted amount sufficient?    Yes    No. If "No", please comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much do you estimate your non-reimbursed out-of-pocket expenses to be? Please include an estimate for free copies, access to paper, travel or telephone expenses, etc. These amounts are important for budgeting purposes, as the person taking over a given position may not have the same resources available to them.

Amount \_\_\_\_\_

Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*RECOMMENDED BUDGET AMOUNT FOR next year** \_\_\_\_\_

If the amount stated above for next year is higher or lower than last year's amount please explain. If new projects are proposed, please include sufficient detail. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return by April 30** to the CFO