Budget Outline Form

Estimated Costs and Sources of Funds for Proposed Program

Total new resources required to handle the increased workload, if any. If no new resources are required, the budgetary impact should be reported as zero.

Institution: College of Business

Program: Master's of Accountancy

Academic Year: 2017

Indicate the year: X First ____ Second ____ Third ____ Fourth

Prepare one page each of the first four years

	Column A From Current Budgetary Unit	**Column B** Institutional Reallocation from Other Budgetary Unit	**Column C** From Special State Appropriation Request	**Column D** From Federal Funds and Other Grants	**Column E** From Fees, Sales and Other Income	**Column F** LINE ITEM TOTAL
Personnel						
Faculty (Include FTE)						
Graduate Assistants (Include FTE)						
Support Staff (Include FTE)						
Fellowships/Scholarships						
OPE						
Nonrecurring:						
Personnel Subtotal						
Other Resources						
Library/Printed						
Library/Electronic						
Supplies and Services						
Equipment						
Other Expenses	$2000					$2000
Other Resources Subtotal	$2000					$2000
Physical Facilities						
Construction						
Major Renovation						
Other Expenses						
Physical Facilities Subtotal						
GRAND TOTAL						$2000