UNIVERSITY OF NORTH CAROLINA
SCHOOL *of the* ARTS

Budget Request Form

University of North Carolina School of the Arts
Once completed **Submit by Email** to
BudgetOfficeForms@uncsa.edu

Budget Office Use Only	
Journal Entry:	
Transaction Date:	
Budget Period:	Rule Code:

FUND

RECEIPTS

Amounts in Whole Dollars Only

Receipt Account	Receipt Account Description or "Fund Balance"*	Amount
	TOTAL	

*When using available **Fund Balance** please indicate under "Description". The "Receipt Account" field should then be left blank.

EXPENSES

Receipts Should Equal Expenses

Expense Account	Labor Account or Operating Pool Description	Amount
611100	EPA ADM REG SALARY	
612100	SPA REG SALARY	
613100	EPA FACULTY	
614100	NON STUDENT REG WAGE	
614500	STUDENT REG WAGE	
618100	SOCIAL SECURITY (7.65%)	
618200	STATE RETIREMENT (13.12%)	
618700	OPTIONAL RETIREMENT (12.36%)	
618300	MEDICAL INSURANCE ($4,932)	
71800P	PERSONAL CONTRACTED SERVICES	
72000P	SUPPLIES	
73000P	PURCHASED SERVICES	
730170	ACADEMIC CONTRACTED SERVICES	
73100P	TRAVEL	
73200P	COMMUNICATION	
73300P	UTILITIES	
73500P	OTHER OPERATING EXPENSES	
74000P	FIXED CHARGES	
75000P	CAPITAL OUTLAY/EQUIPMENT	
	TOTAL	

Purpose of Request

Originator

Date of Submission

Budget Office Approval

Submit by Email

Print Form