

Departmental Budget Allocation Form

Organization Name

Enter organization name

Fiscal Year

e.g. 2024-2025

Date

Department

e.g. Sales, HR, IT

Department Manager

Manager name

Purpose of Allocation / Notes

Short description

Budget Allocation Details

#	Expense Category	Description	Requested Amount	Approved Amount
1	e.g. Salaries	Description		
2				
3				
4				
5				
Total				

Additional Comments

Any other relevant information

Prepared By Name**Approved By** Name