

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	<div>e.g. Salaries</div>	<div>Description</div>	<div></div>	<div></div>
2	<div></div>	<div></div>	<div></div>	<div></div>
3	<div></div>	<div></div>	<div></div>	<div></div>
4	<div></div>	<div></div>	<div></div>	<div></div>
5	<div></div>	<div></div>	<div></div>	<div></div>
Total			<div></div>	<div></div>

Additional Comments

Any other relevant information

Prepared By

Name

Approved By

Name