

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN  
NEW YORK STATE  
BUDGET REQUEST

Please assist the Treasurer, 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 summer board meeting.

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

Position \_\_\_\_\_

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

Was the budgeted amount sufficient? \_\_\_\_\_

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 June 15 to: the Current Treasurer**