

Fiscal Spending Plan

State Agency Name: _____
(July 1, _____ Through June 30, _____)

Initial Plan Date: _____ or **Amended Plan Date:** _____

Fund Center Name: _____

Fund Center Number ("Fund" in PeopleSoft): _____

Fund Center (Program) Description: _____

Name of Agency Fiscal Contact / Title: _____

Note: Submission of this form is evidence that the State agency head has reviewed, approved, and supports this Spending Plan.

Phone / E-mail Contact Information: _____

Fiscal Year Spending Totals:

Expenditure Classification	Approp.*	(Reserve)	Allotment
Point 1 Personal Services	\$0	\$0	\$0
Point 2 Other Services	\$0	\$0	\$0
Point 3 Contractual Services	\$0	\$0	\$0
Point 4 Supplies, Materials, and Parts	\$0	\$0	\$0
Point 5 Equipment	\$0	\$0	\$0
Point 6 Lands and Structures	\$0	\$0	\$0
Point 7 Grants, Subsidies, and Awards	\$0	\$0	\$0
Point 8 In-State Travel	\$0	\$0	\$0
Point 9 Out-of-State Travel	\$0	\$0	\$0
Totals:	\$0	\$0	\$0

* Points 2 through 9 may be adjusted between Points with State Budget Agency approval.

Specify Policies and Administrative Actions Necessary to Meet Allotment Targets:

(use additional pages as necessary and attach other documents as appropriate)