2019-2020 Fiscal Year
Zero-Based Budgeting Worksheet

Department Name: _____

Account Number(s)	Month for Expense	Expense Description	Expense Amount	New Expense? **	Fixed Cost Increase? (If yes, enter amount of increase)	Expense Priority Code	Strategic Goal/Mission	Expense Justification
		Total Expenses	**$0.00**					

** New Expenses need to have "Budget Increase Request Form" Completed

***This form must be returned in Excel format; other formats or paper copies will not be accepted!