

Departmental Budget Approval Form

Department Name

Department Manager

Budget Period

e.g. Jan 2024 - Dec 2024

Submission Date

Budget Details

Expense Category	Description	Amount Requested	Comments
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Total Budget Requested

Justification & Additional Comments

Department Manager Signature

Name

Reviewed By (Finance/HR)

Name

Approved By (Management)

Name

Important Notes:

- This form must be completed and approved before any departmental expenses are incurred.
- All budget requests should be supported by detailed justifications and estimates.
- Incomplete forms may delay the approval process.
- Attach any relevant supporting documents for each budget category.
- Regular reviews and adjustments may be required as per organizational policies.