U.S. NAVAL ACADEMY GIFT AND MUSEUM FUND BUDGET SUBMISSION

1. FISCAL YEAR:	2. GIFT FUND ACCOUNT (Name and number):	3. ACCOUNT MANAGER:	4. DONOR (If applicable):

5. BUDGET ITEM/REQUIREMENTS:	1ST QUARTER:	2ND QUARTER:	3RD QUARTER:	4TH QUARTER:	TOTAL:
TOTAL FUNDS REQUESTED:					

Signatures below hereby certify that the requirements identified above are necessary and further an official purpose of the Naval Academy for which the donated funds were provided. The Naval Academy cannot accomplish the function as satisfactorily or effectively without the requirements, and they do not violate any restrictions imposed by the donor on the use of the funds.

This form must be approved and signed by the Cost Center Head prior to incurring any obligations.

6. ACCOUNT MANAGER PRINTED NAME :	7. ACCOUNT MANAGER SIGNATURE:	8. DATE:
9. COST CENTER FINANCIAL MANAGER PRINTED NAME:	10. COST CENTER FINANCIAL MANAGER SIGNATURE:	11. DATE:

I CERTIFY THAT ALL REQUIREMENTS AND SOURCE OF FUNDS HAVE BEEN IDENTIFIED.

12. COST CENTER HEAD PRINTED NAME:	13. COST CENTER HEAD SIGNATURE:	14. DATE: