OPERATING BUDGET PLAN

	DAILY ACCOUNTING CYCLE	
	AREA	DOCUMENT NO.

☐ C.O. REGION NO.	NEAR ACTION CODE*	INITIAL	DOCUMENT NUMBER			FUND	FY	BUDGET ACTIVITY TITLE
		INCREASE	REG	B/A	NO			
		DECREASE						
		REDISTRIBUTION						

FUNDS

QUARTER/COST ACTIVITY SYMBOL	CURRENT PLAN**	CURRENT ACTION		REVISED PLAN**
		REQUESTED	APPROVED**	
1st				
TOTAL				
2nd				
TOTAL				
3rd				
TOTAL				
4th				
TOTAL				
TOTAL				
TOTAL				

SPECIFIC LIMITATIONS

OBJECT	CURRENT PLAN**	CURRENT ACTION		REVISED PLAN**
		REQUESTED	APPROVED**	
TRAVEL				
FTE: PERMANENT				
TOTAL				

REGIONAL ADMINISTRATOR REMARKS:

REQUESTED BY: REGIONAL COMM. OR ASST. COMM. *(Signature and title)*	DATE	APPROVAL: REGIONAL ADMINISTRATOR *(Signature)*	DATE

*Completed by Office of Finance
**Completed be Regional Administrator

GENERAL SERVICES ADMINISTRATION

GSA FORM **3282A** (REV. 9-94)