New Request for DGSOM Dean's Office Support
Department Name:
Program:
Request Description
Requested support start date:
Requested support end date:

	Total Request	FY18	FY19	FY20	FY21	FY22
Funding Departments/Units						
Requesting Unit	$ -	$ -	$ -	$ -	$ -	$ -
DGSOM Dean	$ -	$ -	$ -	$ -	$ -	$ -
UCLA Health	$ -	$ -	$ -	$ -	$ -	$ -
Other Funding Unit (Name)	$ -	$ -	$ -	$ -	$ -	$ -
Other Funding Unit (Name)	$ -	$ -	$ -	$ -	$ -	$ -
Other Funding Unit (Name)	$ -	$ -	$ -	$ -	$ -	$ -
Other Funding Unit (Name)	$ -	$ -	$ -	$ -	$ -	$ -
All Funding Units Total Support	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Expenses						
Ongoing Operating						
Payroll	$ -	$ -	$ -	$ -	$ -	$ -
Non-payroll	$ -	$ -	$ -	$ -	$ -	$ -
Ongoing Operating Expense Total	$ -	$ -	$ -	$ -	$ -	$ -
Non-Operating						
Start up funding	$ -	$ -	$ -	$ -	$ -	$ -
Capital	$ -	$ -	$ -	$ -	$ -	$ -
Non-Operating Expense Total	$ -	$ -	$ -	$ -	$ -	$ -
Total Expense	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**