**Oregon Paralegal Association**

**Budget Request**

**Fiscal Year: May 2024 – April 2025**

*email this completed form to mhoselton@proton.me*

|  |  |
| --- | --- |
| Committee or Specialty Group: |  |
| Prior Fiscal Year BudgetExpense Amount: | $  |
| New Fiscal Year Budget Expense Amount: | $  |
| Anticipated Revenue Amount for New Fiscal Year: | $  |
| Proposed Use of Funds: |  |
| Explanation for Increase, if any: |  |
| Identify Source of Anticipated Revenue for New Fiscal Year: |  |

Submitted by: Name ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: