BUDGET APPROVAL FORM

Department of Administration * Real Property Services
1200 Senate Street, 6th Floor * Columbia * SC 29201
803-737-3880

***** Return this form with executed lease agreements *****

Lease Number: _____

Agency Name: _____

Check one: ☐New Lease ☐Amendment ☐Renewal

Commencement Date: _____

Property Information

Property Address: _____

Total Space (square feet/acreage/units): _____

Use of Property: ☐Office ☐Warehouse ☐Other (specify): _____

Financial Information

Proposed source of funding: $ _____ State Appropriations

$ _____ Federal Funding

$ _____ Revenue (specify source): _____

$ _____ Other (specify): _____

Full Time Employees: _____ Total Employees (FTE, PT, Temporary, etc): _____

Financial Plan:

Lease Term/Annual Rent:

Year 1: $_____ Year 2: $_____

Year 3: $_____ Year 4: $_____

Year 5: $_____ Year 6: $_____

Year 7: $_____ Year 8: $_____

Year 9: $_____ Year 10: $_____

** The above amounts reflect total annual amounts paid to the landlord. By signing below, the agency acknowledges their responsibility and financial ability to pay for any and all charges, if any, not included in the base rent amounts. (Ex: additional operating expenses, utilities, janitorial, insurance and/or maintenance)

Certification

The undersigned acknowledges authority on behalf of the agency to certify the information herein and **acknowledged Pages** that the above information has been reviewed and agency funds are encumbered for the purpose as stated.

Executive Budget Office Approval

_____
Signature

_____
Print Name

Date: _____

_____
(Signature)

_____
(Print Name & Title)

_____
(Date)