

Contact Information

- Submit in duplicate.
- Attach computations to support amount of savings to be realized.

To: A-15
Department of Finance
915 L Street
Sacramento, CA 95814

From	Date	Suggestion Number
<input style="width: 100%; height: 80px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	Suggester's Name	
	<input style="width: 100%; height: 25px;" type="text"/>	

Type of Savings

- Expenditure Savings (Reduction) Reimbursement Increase Revenue Increase

Program/Fund where savings will be realized (appropriation name or savings location)

First Fiscal Year	Amount	If different from amount identified in Suggestion Evaluation Report, explain in "Comments" below.
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	

Next Fiscal Year	Amount	Complete if different from first fiscal year amount.
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	

Comments

Projected Annual Savings	Award Amount
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Signatures

The undersigned certify the above accurately reflects savings derived from the referenced suggestion

Signature of Fiscal Officer	Signature of Approval Officer (Director)
Title	Title
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>