AGENCY NAME:	Office of the State Auditor		
AGENCY CODE:	F 27	SECTION:	102

Fiscal Year 2014-15
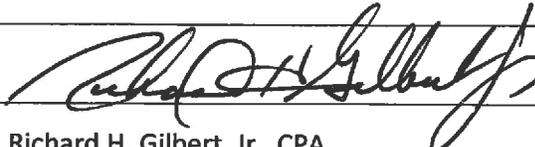# Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (*FORM B* **DECISION PACKAGES**)	**My agency is submitting the following recurring decision packages (Form B):** None.
	For FY 2014-15, my agency is (mark "X"): ☐ Requesting a net increase in recurring General Fund appropriations. ☒ Not requesting a net increase in recurring General Fund Appropriations.

CAPITAL & NON-RECURRING FUNDS (*FORM C* **DECISION PACKAGES**)	**My agency is submitting the following one-time decision packages (Form C):** None.
	For FY 2014-15, my agency is (mark "X"): ☐ Requesting capital and/or non-recurring funds. ☒ Not requesting capital and/or non-recurring funds.

PROVISOS	**For FY 2014-15, my agency is (mark "X"):** ☐ Requesting a new proviso and/or substantive changes to existing provisos. ☐ Only requesting technical proviso changes (such as date references). ☒ Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	Name	*Phone*	*Email*
PRIMARY CONTACT:	R. Kenneth Harrill	803-832-8244	kharrill@osa.sc.gov
SECONDARY CONTACT:	Richard H. Gilbert, Jr., CPA	803-832-8243	rgilbert@osa.sc.gov

I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN/DATE):	*[signature]*
AGENCY DIRECTOR (TYPE/PRINT NAME):	Richard H. Gilbert, Jr., CPA

This form must be signed by the department head – not a delegate.