



**MEMORANDUM**

To: **Name**, Chief Financial Officer

From: **Name**, Senior Budget Analyst, **Organizational Component Name**

Through: **Name**, Chief/Administrative Officer, **Office Name**  
**Name**, Budget Officer  
**Name**, Supervisory Budget Analyst, Budget Execution

Date: **DATE**

Subject: Emergency, Uncontrollable, and Mandatory (EUM) Funding Request: **Request Title**

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**Summary of Need**

*Summarize why the funding is needed in a short paragraph.*

**Funding Detail**

*Provide calculation for the EUM, or how the request was quantified, using the table format below. If out-year costs are needed, include those in the table. Please round the amount requested as appropriate. Add columns and/or rows as necessary.*

|                    | FY18      |
|--------------------|-----------|
| Country Evacuation | \$        |
| <b>Total</b>       | <b>\$</b> |

**Fiscal Coding**

*Provide the fiscal coding needed for the funding upload for FY18. Please round the amount to the nearest hundred/thousand. Add/delete rows as necessary.*

For upload purposes, please use the following fiscal coding:

| FY                | Fund | Loc | Purpose Code | BLI | Sponsor Code | Amount    |
|-------------------|------|-----|--------------|-----|--------------|-----------|
| 18                |      |     |              |     |              | \$        |
| 18                |      |     |              |     |              | \$        |
| 18                |      |     |              |     |              | \$        |
| <b>FY18 Total</b> |      |     |              |     |              | <b>\$</b> |

For out-year costs, please use the following fiscal coding. Add/delete rows as necessary. **Delete if out-year costs are not needed.**

For out-year costs, please use the following fiscal coding.

| FY    | Fund | Loc | Purpose Code | BLI | Sponsor Code | Amount |
|-------|------|-----|--------------|-----|--------------|--------|
|       |      |     |              |     |              | \$     |
|       |      |     |              |     |              | \$     |
|       |      |     |              |     |              | \$     |
| Total |      |     |              |     |              | \$     |

**Approval**

Approved     Not Approved

\_\_\_\_\_  
Name, Chief Financial Officer

\_\_\_\_\_  
Date