

FY 2015 Budget Carryover Request Form

Please direct all questions regarding completion of this form to Matt Miller, mkmiller@gwu.edu.

All requests are required to have the Vice President's signature.

Any forms received without this signature will be returned to the department.

This completed form should be returned to Carolyn Patterson, cpatterson@gwu.edu.

DUE DATE FOR ALL REQUESTS: the 3rd Wednesday in May of the current FY

REQUESTOR INFORMATION

REQUESTOR NAME: _____ PHONE NUMBER: _____

DIVISION _____ EMAIL: _____

PROJECTED CARRYOVER AMOUNT: \$ _____

SUPPORTING DOCUMENTS

Check the statement that applies

contractual agreement (attach the applicable agreement)

strategic obligation (attach applicable documents)

Provide the justification for the Carryover _____

What FY16 expenditures will this funding support? _____

BUDGET INFORMATION

Identify the EAS number, account number, and amount for the carryover:

EAS Number	Account Number	Amount	
			Total

APPROVAL SIGNATURE

Finance Director Name _____

Finance Director Signature _____

Date _____

Vice President Name _____

Vice President Signature _____

Date _____