



**REQUEST FOR CARRYFORWARD FUNDING
OF REMAINING (OR UNSPENT) SPENDING ALLOWANCE**

Please see endowment carryforward request guidelines
for additional information and related timeline.

[For more information, click here](#)

Endowment Information: (Fields marked by * are required fields)

*Workday GFT_ID (e.g., GFT_00839 Quasi Endowment) _____

Purpose/Donor Criteria/Other Restrictions

***Provide an explanation of the need for funding** (Attach additional information and/or documentation if necessary)

*Gift Manager _____ (Name) _____ (Ext.) _____ (Date)

*Requested By _____ (Name) _____ (Ext.) _____ (Date)

Basic Financial Information - We encourage departments to attach additional information and analyses.

*** Crucial Endowment Expenditures**

List the crucial endowment expenditures you anticipate for all budget years which carryforward is being requested. Please attach details if available.

Expense Type / Description	Amount
Total Expenses	\$ -

***Request Amount \$** _____

FINANCE OFFICE USE ONLY				
Endowment Status	Other Sources of Revenue			
	Unrestricted Sources		Restricted Sources	
	Cost Center	Amount	GFT ID	Amount
Cumulative Principle				
Cumulative Realized Earnings				
Cumulative Unrealized Earnings				
FMV				
Spending Allowance				
Current Year Base				
Prior Year Carry Forward				
Available Allowance				

*** The following information is necessary if there are questions regarding the information submitted and for final notification of approval.**

***Gift Manager**

(Name)

(Ext.) (Date)

***Requested By**

(Name)

(Ext.) (Date)

***Gift Manager**

(Name)

(Ext.) (Date)

***Requested By**

(Name)

(Ext.) (Date)

***Gift Manager**

(Name)

(Ext.) (Date)

***Requested By**

(Name)

(Ext.) (Date)

***Gift Manager**

(Name)

(Ext.) (Date)

***Requested By**

(Name)

(Ext.) (Date)

Please add any information and/or documents to your carryforward request package. Complete the Routing Form by the deadlines stated and email the entire package to compliance@sandiego.edu by July 12th.



**SIGNATURE ROUTING FORM FOR CARRYFORWARD OF
REMAINING (OR UNSPENT) SPENDING ALLOWANCE REQUEST**

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<u>Deadlines</u>	<u>Management</u>	<u>Review/Approval Signature</u>	
July 8	Dean / Department Head	_____	_____
		Dean (if applicable)	Date
		_____	_____
		Department Head (if applicable)	Date

Please forward completed package to Compliance at HC 335 by July 12.

August 12 Compliance Office Review

COMPLIANCE OFFICE USE ONLY	
Received _____	Package forwarded to VP of Finance & CFO with recommendation _____
Date _____	Date _____

August 26 Vice President of Finance and CFO

FINAL APPROVAL	
<input type="checkbox"/> Approve	
<input type="checkbox"/> Maximum Amount From Endowment Principal	_____ \$
<input type="checkbox"/> Amount To Be Funded From _____	_____ \$
	_____ \$
	_____ \$
Note: _____	
<input type="checkbox"/> Deny	
_____	_____
Vice President of Finance and CFO	Date