



**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)

Oracle Project _____ ***Oracle Source (e.g., E/P6099)** _____

Oracle Endowment Name _____

Purpose/Donor Criteria/Other Restrictions

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

***Project 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 / Net Operating Activity** \$ _____

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



**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>	
June 28	Dean / Department Head	_____	_____
		Dean (if applicable)	Date
		_____	_____
		Department Head (if applicable)	Date

Please forward completed package to Tax & Compliance at HC 335 by July 15.

August 01 Compliance Office Review

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

August 15 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