



**SOUTHWEST MINNESOTA STATE UNIVERSITY  
CARRY FORWARD REQUEST FORM**

**Carry Forward Request from FY:** \_\_\_\_\_ **to FY:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

Policy and Procedure can be found on the SMSU Website, under Administration Policy and Procedures or on the Vice President for Finance and Administration budget page.

**Cost Center Number:** \_\_\_\_\_ **Cost Center Name:** \_\_\_\_\_

**Cost Center Responsible Person:** \_\_\_\_\_

**Requested Carry Forward Amount:** \_\_\_\_\_

Use and Rationale for Carry Forward Funds:

Timeline for Expenditures:

**CC Responsible Person Signature and Date:** \_\_\_\_\_

**Area Supervisor Signature and Date:** \_\_\_\_\_

**President Signature and Date:** \_\_\_\_\_

Approved                      Denied                      (circle appropriate response, to be done by President Cabinet)

**INSTRUCTIONS:**

1. Complete all parts of form, one form per cost center
2. Cost Center Responsible Person must sign
3. Forward to appropriate Area Supervisor

**DEADLINE: July 15 to Area Supervisor**