Budget Carryover Request

**Name of School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Club\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Request to Carry Over Excess Ending Balances**

**Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As of:

Date

I. The following organization requests approval to carry over an amount in excess of the district’s approved 20 percent limit.

Club/Organization:

Club Advisor:

II. Calculation of Excess Carryover

A. Total estimated annual revenues:

B. Multiplied by 20 percent (Allowed Carryover %):

C. Equals Amount of Allowed Carryover:

D. Amount of Requested Carryover:

III. Explanation

Provide an explanation of the need to carry over amounts in excess of the 20 percent limit. Explain how student approval was obtained, and when the club will use the excess funds. Attach explanation on an additional page.

*Budget Carryover Request Approval*

Submitted and Approved by:

 Student Club Representative:

 Signature, Title and Date

 Club Advisor:

 Signature, Title and Date

Approved by:

 Principal/School Administrator:

 Signature, Title and Date

 ASB Student Council President:

 Signature, Title and Date

Recorded in ASB Student Council Minutes on:

 Date

Approved by business office:

 Signature, Title and Date