

Supplemental Funding Request Document

Project/Program Title:

Date:

_____/_____/_____

Request Number:

1. Requestor Information

Name: _____

Department/Unit: _____

Email: _____

2. Original Funding Details

Original Amount Approved: \$ _____

Current Expenditure: \$ _____

Fund Source: _____

3. Supplemental Funding Requested

Additional Amount Requested: \$ _____

Total Revised Budget: \$ _____

4. Justification for Supplemental Funding

Describe the reasons for requesting additional funds. Include explanations for budget overruns, unforeseen costs, or program enhancements.

5. Impact of Not Receiving Supplemental Funding

Briefly outline the consequences if the supplemental funding is not approved.

6. Breakdown of Supplemental Funds Requested

Category/Expense Item	Amount	Description/Justification
_____	\$ _____	_____
_____	\$ _____	_____

_____	\$ _____	_____
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7. Attachments

List any supporting documents (e.g., budget breakdown, quotes, correspondence):

8. Approval Section

Requestor Signature & Date

Department Head Signature & Date

Finance Office Signature & Date

Important Notes

- Ensure all sections are completed and supporting documentation is included.
- Incomplete or unclear requests may result in processing delays.
- Clearly justify the need and provide detailed expenditure breakdowns.
- Obtain all necessary signatures prior to submission.
- Retain a copy of this document for your records.