

# Supplemental Funding Request Document

Project/Program Title:

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Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Request Number:

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## 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.

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## 5. Impact of Not Receiving Supplemental Funding

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

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## 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):

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## 8. Approval Section

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Requestor Signature & Date

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Department Head Signature & Date

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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.