

St. Cloud State University

Carry Forward Form

Carry Forward Request from FY: _____ to FY: _____

See <http://www.stcloudstate.edu/budgetadvisorygroup/documents/CarryforwardPolicy.pdf> for procedure.

Today's Date: _____

Cost Center Number: _____

Unit/Department Name: _____

Responsible Person: _____

Expected Carry Forward: _____

Investment of Funds:

Timeline for Expenditures:

Unit/Dean's Signature: _____ Date: _____

Vice President's Signature: _____ Date: _____

Due to Administrative Affairs by August 14, 2009.