

NEW HAVEN UNIFIED SCHOOL DISTRICT
Request to Carryover Excess Balances

TO: District Business Department

FROM: _____
Principal/Administrator

The following organization requests approval to carryover an amount in excess of the 20% limit:

I. School: _____

II. Club/Organization _____

III. Calculation of Excess Carryover:

(A). Total Estimated Revenues: _____

(B). Line (A) multiplied times .20: _____

(C). Amount of Carryover Requested: _____

(D). Excess Carryover
[Line (B) minus Line (C)] _____

IV. Please provide an explanation of the need to carryover excess amounts and the expected date of the use of these funds.

V. Signed:

Approved:

Principal/Administrator Date

Director of Fiscal Services Date