

# Supplemental Budget Appropriation Request Form / Automatic Supplement Request Form

Department:  Date Submitted:   
Budget line # to be supplemented:  Budget line description:   
Supplemental amount requested:  Submitted by:

Describe the need for the supplemental funds:

Is this a re-appropriation of a previous year's budget?  yes  no

What budget line # is the re-appropriation from?

What is the amount of the budget line was unspent?

Explain why the re-appropriation was not accomplished in the previous fiscal year's budget.

Is this an automatic supplement request due to grant funds or other unanticipated revenue received?  yes  no

Amount of funds received:

Funds received from:

Explain the impact of waiting until the next fiscal year to budget for this item: