



School Budget Carryover Assessment Committee

School Budget Carryover Request Form

Administrative Information

Submission date	mm/dd/yyyy
Principal Name	
School Name	
2007-08 carryover amount*	\$
2006-07 carryover amount*	\$

*Executive Director can provide past carryover amount

Proposal Justification

Requested Carryover amount	\$	
Exactly what will the carryover amount be used for? Provide information regarding the expenditure detail and the amount.	Expenditure detail	Amount
How is request tied to your SCIP?		
How is request tied to the District Strategic Plan?		
Is the request tied to the program changes approved by the Board of Education? If so, how?		
If the carryover amount will be used to provide staffing or ongoing program costs, how will you sustain the staffing/program beyond the 2009-10 school year?		

Approved/Disapproved

Committee Explanation:

Signature of Requestor: _____ Date: _____

Signature of Executive Director: _____ Date: _____

This document must be submitted to the Executive Director responsible for your school no later than 4/10/2009. Submissions will go to the Budget Carryover Review Committee for assessment and adjudication.