



U. T. System Administration - Carryforward Request Form

Tab to navigate between fields

Return Completed and signed forms to the Office of the Controller - ASH 5th floor

For help completing this form, contact Sherill Boline 512.499.4558

Department:

Date:

Account Name:

Account Number:

Est Free Balance at 8/31:

Carryforward Request:

Explain the justification for this request and detail the use of carryforward funds.

Signature of Department Head

Signature of Executive Vice Chancellor or Vice Chancellor

Date

Date

This form is located at: <http://www.utsystem.edu/cont/forms.htm>

Approved:

☐

YES

☐

NO

Date

Return to the Office of the Controller - ASH 5th floor

Form Name: Carryforward Request Form