



CARRY OVER REQUEST FORM

PERRIS UNION HIGH SCHOOL DISTRICT

Request to Carry Over Excess Ending Balances

School Site: _____

From School Year: _____

To School Year: _____

TO: Business Services

FROM: _____

School Principal or Designee

Principal's or Designee's Signature

The following organization requests approval to carry over an amount in excess of the 20% limit

I. Club/Organization _____

II. Calculation of Excess Carryover

A. Prior year ending balance _____

B. Current year revenue (estimate) _____

C. Total Available (line A + B) _____

D. Line C multiplied times 20% _____

E. Amount of carryover requested _____

F. Excess carryover (line D - E) _____

III. Provide an explanation of the need to carry over amounts in excess of the 20% limit. Please indicate how student approval was obtained and when/how club will use the excess funds.

IV. Approval

Club Officer

Date

Club Advisor

Date

Business Office

Date