



Contingency Request Form

Please complete this form to request additional funds during the fiscal year (operating expenses, capital, or equipment) that were not anticipated and/or requested through the normal budget planning process.

Contingency funding should only be requested as a last resort when other funding is not available from current sources. Requests will not be funded until the unit's current budget has been expended. Please review the Budget Savings Incentive policy here <https://www.ramapo.edu/policies/policy/budget-savings-incentive/>

If these funds are required in future years, it must also be submitted as a Budget Change Request prior to the next fiscal year. Please see the Budget & Planning Calendar at <https://www.ramapo.edu/budget/>

Reimbursement of funds already expended will not be considered unless an emergency situation exists.

_____	_____	_____	_____	_____
Unit Name	Fund	Org	Acct	Prog
_____	_____			
Requestor Name	Amount of Request			
_____	_____			
Unit Head/Dean	Digital Signature & Date			
_____	_____			
Core VP	Digital Signature & Date			
_____	_____			
CFO/VP Fiscal Health	Digital Signature & Date			

Justification: Please provide a summary description of the funding request with details, justification, expected accomplishments, alternatives explored, ramifications if not funded, and effect of partial funding. Attach available supporting documentation including quotes or estimates.

To be completed by Budget Office:

_____	Transferred from:	_____	_____	_____	_____
Journal Entry #		Fund	Org	Acct	Prog
Notes:		_____			
		Date			