

## **Incentive Fund 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. Once completed, please send to the CFO and cc budget@ramapo.edu

Use of Incentive funds 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/

Unit Name		Fund	Org	Acct	Prog
Requestor Nar	me	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	• .	st with details,	justification, e	•
Justification: Please provide a accomplishments, alternatives	summary description of the explored, ramifications if no	ot funded, and	st with details,	justification, e	•
	summary description of the sexplored, ramifications if no tation including quotes or es	ot funded, and	st with details,	justification, e	•
Justification: Please provide a accomplishments, alternatives available supporting documen	summary description of the sexplored, ramifications if no tation including quotes or es	ot funded, and	st with details,	justification, e	•
Justification: Please provide a accomplishments, alternatives available supporting documen	summary description of the sexplored, ramifications if no tation including quotes or es	ot funded, and	st with details,	justification, e	•