



THE FOUNDATION



at MONROE COUNTY COMMUNITY COLLEGE

Restricted Funds Allocation Detail Budget Form

Project Name:

RFA #: _____
(To be assigned)

Project Description:

Projected Completion Date:

Estimated Duration of Project:

| Budget Request | | Account #'s Assigned (Assigned by Acctg) | Revenue Dollars and Sources (If Applicable) | |
|---------------------------------|---------------------------------------|-----------------------------------------------------|--------------------------------------------------------|--------------------|
| Expenses | Please list all expenses by category. | Cost Center: _____ | Revenue Amounts | Source of Revenues |
| Advertising | | | | |
| Articulation | | | | |
| Capital Outlay (Equipment) | | | | |
| Contracted Services | | | | |
| Duplicating/Printing(On campus) | | | | |
| Field Trips | | | | |
| Food & Beverage At Event | | | | |
| General Scholarships | | | | |
| General Supplies | | | | |
| Instructional Materials | | | | |
| Rentals | | | | |
| Outside Printing (Off campus) | | | | |
| Other Rentals (Eqpt.) | | | | |
| Postage | | | | |
| Rent of Space (Off campus) | | | | |
| Training | | | | |
| Travel Expenses | | | | |
| Totals | 0 | | | |

(Revenues should cover expenses)

All signatures are required for release of the funds for the designated process.

Requester:

Date:

Director/Dean:

Date:

Vice President:

Date:

Foundation Executive Director:

Date: _____

Forward executed original to the Foundation accountant

Restricted Funds Released (Date):

Budget Established (Date):

RFA and account numbers will be assigned by the Foundation accountant and returned to the originator after all approvals are obtained and the form is submitted to the executive director for final review.