



THE FOUNDATION

at MONROE COUNTY COMMUNITY COLLEGE

**Restricted Funds Allocation
Detail Budget Form**

Project Name:	RFA #: _____ (To be assigned)
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Project Description:

Projected Completion Date:	Estimated Duration of Project:
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Budget Request	Account #'s Assigned (Assigned by Acctg)	Revenue Dollars and Sources (If Applicable)	
Expenses	Please list all expenses by category.	Revenue Amounts	Source of Revenues
Advertising	Cost Center: _____		
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.