

**UNIVERSITY OF ILLINOIS
REQUEST FOR RETURN OF LAPSED SELF-SUPPORTING EXCESS FUNDS**

1) Fund (code and title) _____ Amount Lapsed \$ _____

Dept Org Code _____ Dept Title _____

Dean or Vice Chancellor (VC) Org Code _____ Dean or VC Title _____

Contact _____ Phone number _____

2) Describe the activity accounted for in this fund.

3) Explain how the fund accumulated an excess balance.

4) Explain why the unit requires the lapsed funds in order to continue operations, including if the funds are needed for any unusual, irregular, or capitalized expenses; if the funds will finance expansion; and why the nature of the activity requires more than the typical carryover amount allowed by the Legislative Audit Commission Guidelines.

5) Specify the amount requested for return.

- 6) Indicate what percent of the funds, if returned, will be spent for salaries and wages.

- 7) Describe how the unit determines rates charged to customers and indicate when the unit last analyzed and reviewed the rates.

- 8) Complete the attached 3 year pro-forma budget.

- 9) Provide any other relevant information, data, or comments related to justification for return of funds. Attach additional pages as needed.

Completed by: _____ Date: _____

Department Head Signature: _____ Date: _____

Dean or Vice Chancellor Signature: _____ Date: _____

Submit to campus Provost Office

PROVOST OFFICE USE ONLY:

Amount Approved for Return \$ _____

Comments

Provost Designee Signature: _____ Date: _____