

**REQUEST FOR
APPROPRIATION CARRYOVER
STATE OF SOUTH DAKOTA**

AGENCY:

Budget Control No.	Date

(Not for Agency Use)

APPROPRIATION CODE

COMPANY	ACCOUNT	CENTER	AMOUNT

Agency Control No.	Date

First or Second Year Carryover?	
<input type="checkbox"/>	First Year
<input type="checkbox"/>	Second Year

TOTAL REQUESTED CARRYOVER \$ _____

SERVICE PO NUMBER	CONTRACTOR NAME	CONTRACT BEGINNING AND END DATES	REQUESTED CARRYOVER AMOUNT
TOTAL APPROPRIATION CARRYOVER REQUEST: ...			

<u>JUSTIFICATION:</u>

AUTHORIZATION

APPROVAL

Requesting Agency

Date

*Commissioner, Bureau of
Finance and Management*

Date