



THE UNIVERSITY  
OF TOLEDO  
FOUNDATION

# The University of Toledo Foundation

## Spendable Balance Justification Form

Fund Name: \_\_\_\_\_ Fund Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Fund Administrator: \_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Justification of spendable balance carryover to next fiscal year: (please explain)


### For University of Toledo Foundation Purpose Only

Fund Balances:

Restricted \$ \_\_\_\_\_ Quasi \$ \_\_\_\_\_ Spendable \$ \_\_\_\_\_

\_\_\_\_\_  
(Foundation President or Vice Present of Finance Approval)

Date: \_\_\_\_\_