GOVERNMENT OF THE VIRGIN ISLANDS
MINISTRY OF FINANCE
REQUEST FOR SUPPLEMENTARY FUNDING

Date: _____

Head	Description	Subhead	Description
	_____		_____

Request for Additional Funds ☐ Request for Overcommitment ☐ Amount

Reason for Request

(Please justify your request. Cabinet Decisions, quotations, invoices, and supporting information must be attached.)

Savings Are Available

☐ No ☐ Yes: Amount _____ Head _____ Subhead _____

I certify that the above is true and correct to the best of my knowledge.

_____

Head of Department

I approve/do not approve the above request for further processing.

_____ _____

Permanent Secretary Minister

Ministry of Finance Use Only

Overcommitment

Budget Verified	Recommended/Not Recommended		Approved/Not Approved	
☐	☐	☐	☐	☐
Budget Officer	Financial Secretary		Minister of Finance	

CFB _____ AF _____