



### Cash Deficit Authorization Request

School/Department Information:

Requester  Department

Address  Org. Code

Email  Phone Number

Requester's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Dean/Vice President Name \_\_\_\_\_ Dean/Vice President Signature \_\_\_\_\_ Date \_\_\_\_\_

Suspense Ptao for Interest Expense:

Project Number	Fund Type	Current Deficit Amount	Authorized Deficit Amount	Time Frame	Justification

Treasury Section Only

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_

Return form to treasury@virginia.edu or Treasury Management, Box 400897.

Reference [policy FIN-033](#) for further information.