

**Exceptional Item Request Form - FY 2024-2025**

**Request #**

(Leave Blank)

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

**Requestor:** \_\_\_\_\_

Allocating Additional Funds To:	
Fund Name & No.	
Department Name & No.	
Line Item No. & Description or NEW Line Item Description	

**Item Description:**

**Description of Benefit from Purchase (Improved Service, Lower Cost, etc.)**

**Number of Items or Units:** \_\_\_\_\_

**Cost Per Item or Unit:** \_\_\_\_\_

**Additional Cost (Including ongoing maintenance):** \_\_\_\_\_

**Total Cost:** \$ -

When Balance Offset Is Needed

Offset Savings From Fund/Dept./Line Item No.: \_\_\_\_\_

saved amount: \_\_\_\_\_

Offset Savings From Fund/Dept./Line Item No.: \_\_\_\_\_

saved amount: \_\_\_\_\_

Offset Savings From Fund/Dept./Line Item No.: \_\_\_\_\_

saved amount: \_\_\_\_\_

Offset Savings From Fund/Dept./Line Item No.: \_\_\_\_\_

saved amount: \_\_\_\_\_

Offset Savings From Fund/Dept./Line Item No.: \_\_\_\_\_

saved amount: \_\_\_\_\_

Total Amount Saved: \$ -

Please attach any quotes or backup to support this Exceptional Item Request.