



## FUNDING REQUEST

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Requesting Department

Contact Name and Phone

Purpose of Requested Funding

Amount Requested

FOP for Transfer, if approved

Fund Code

Organization Code

Program Code

By signing below, you attest that the funding requested will be used for the purpose indicated above. Any changes to the intended use of funding provided must be approved by the Office of the Provost, in writing, prior to expenditure.

Please attach any invoices or other documentation relevant to this request.

**Department Chair/Requestor**

**Date**

**Dean/Director Signature**

**Date**

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To be completed by Office of the Provost staff:

Approved

Not Approved

By:

Date:

Comments: