REQUEST FOR FUNDS

Date:

Describe the purchase:

Explain how this item will benefit in the teaching or productivity of the user(s):

________________________________________________________________

Estimated Cost: ____________ Vendor: ______________
Print Name of individual requesting the item: ______________

Signature: __________________________ Title: ____________

Is this an emergency item? Yes ___ No ___

Is Special Approval given to buy the item as an emergency item? Yes____ No____

Is this purchase to be made from a College Grant? Yes____ No____

Account #: ________________ Account Name: ______________________

APPROVALS:

Approve _____ Do Not Approve _____ Date ________________________

Name of Department ____________________________________________

Signature: ______________________________________________________

Dean or Dean’s Designee: ____ Approve _____ Do Not Approve _____ Date __________

Signature: ______________________________________________________

Comments or Special Instructions: ______________________________________

_______________________________________________________________________