



Office of the Provost Funding Request Form

Send To: Tammy Etter MSN: 3A2

Phone: 703-993-8662 Fax: 703-993-8871

Name of Requester: \_\_\_\_\_

E-mail of Requester: \_\_\_\_\_ Unit of Requester: \_\_\_\_\_

Reason Funding is Being Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date Funding is needed by: \_\_\_\_\_

Do you have other sources of funding for request? \_\_\_\_\_

\_\_\_\_\_

Fiscal Year(s) Funding is needed for: FY10 FY11 FY12 FY13

\*\*\*\*\*SECTION TO BE COMPLETED BY DEPARTMENT CHAIR OR DEAN\*\*\*\*\*

Do you support this request? If so why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why can't your department / unit fund this request internally? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Chair's or Dean's Signature

Print Name

Date

\*\*\*\*\*FOR PROVOST OFFICE USE ONLY\*\*\*\*\*

Date Received: \_\_\_\_\_ Request Approved: \_\_\_\_\_ Request Denied: \_\_\_\_\_

Reason if request denied: \_\_\_\_\_

\_\_\_\_\_

JV Number: \_\_\_\_\_

Org Charged: \_\_\_\_\_

Date Transferred: \_\_\_\_\_

Org Credited: \_\_\_\_\_