Funds Request Form

REQUESTOR NAME:

ITEM NEEDED/PURPOSE:

DATE NEEDED:

VENDOR NAME:

PRICE:

MAKE CHECK PAYABLE TO: (if applicable)

Travel Authorization #: ______________________ (if applicable)
(Travel Authorization form must be attached if traveling outside of 50 mile radius.)

Submit form with all supporting documents to Melissa Griffin or Iordanis Karagiannidis for Index/Account numbers and signatures.

One signature is required for requests up to $500, two are required for requests over $500.

INDEX/ACCOUNT NUMBER: ________________________________________________

__________________________________________________________
Iordanis Karagiannidis, Associate Dean                        Date

__________________________________________________________
Janette Moody, Associate Dean                                Date

__________________________________________________________
William Trumbull, Dean                                       Date

Rev. 6/14/17