CENTRAL POOL REQUEST

Activity/Service Requesting Funds: _____Account Number_____

Department: _____ Requestor's Name: _____

Dollar Amount Requested: _____

Existing Fund Balance/Reserves Available to Support Request: _____

Loan or Grant: _____. If Loan, Indicate Repayment Dates and Payment Amounts: _____

_____

(No interest will be charged)

Summary/Principle Reasons for Request (Attach detailed proposal): _____

_____

_____

_____

_____

___ **Emergency requiring expedited review** Requestor's Signature: _____

We approve the revenue generating activity/service described in the attached proposal. (Both approvals must be obtained prior to submission.)

_____ _____

Department Head Date Vice President Date

Budget Director/Assistant VP will complete the following section:

I (We) recommend/do not recommend funding of unit as requested and described in the attached proposal:

_____ _____

Assistant VP Administration & Finance Date Budget Director Date

Comments: _____

_____

_____

Auxiliary Oversight Committee: Approved_____ Disapproved_____

The funding request described in the attached proposal is:

_____ _____

Approved Disapproved

_____

President Date