

FUNDING REQUEST

OFFICE USE ONLY

R+I REVIEWER

DATE RECEIVED

REQUESTED AMOUNT \$

NAME

PROJECT

PRIOR FUNDING RECEIVED YES: ____ NO: ____

FISCAL YEAR NEEDED

PROPOSED START DATE

PROPOSED END DATE

DEPARTMENT FOAP

(to transfer funds if approved)

Note: Any approval of funding will require a full report with outcomes.

INDEX NUMBER

ACCOUNT

FUND

PROGRAM

ORGANIZATION

ACTIVITY

PURPOSE

Please provide justification/purpose for request for this funding. Include any event, professional development, salary request, etc.

PHD, GA, STUDENTS SUPPORTED

STUDENT NAME & TYPE

(PhD, GA, PostDoc, etc.)

SALARY & TUITION RATE

(Please indicate if hourly or monthly, and tuition amount, if applicable)

START
DATE

END
DATE

RESOURCES

List any resource that will be supported with this funding.

(E.G., equipment, software, marketing, contractors.)

TYPE

AMOUNT REQUESTED

APPROVAL

	\$	YES: ____ NO: ____ PENDING: ____
	\$	YES: ____ NO: ____ PENDING: ____
	\$	YES: ____ NO: ____ PENDING: ____
	\$	YES: ____ NO: ____ PENDING: ____

GOALS

Please list goals related to this funding if request is approved/funded.

CERTIFICATION & ACKNOWLEDGMENT

I certify that the information contained in this funding proposal is true, accurate and complete.

NAME

SIGNATURE

DATE

APPROVAL

NAME

SIGNATURE

FUNDING APPROVED

YES: ____ NO: ____

AMOUNT \$

START DATE

INDEX NUMBER

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Submit the completed form via email to Jasbir Dhaliwal jdhaliwl@memphis.edu.

Contact Chaquieta Williamson at clwillmsn@memphis.edu or

Mary Ann Dawson at mdawson@memphis.edu

if you have any questions.