College of Family and Consumer Sciences
UNIVERSITY OF GEORGIA

REQUEST FOR SPECIAL FUNDING

Special Funding should only be requested for unique, unplanned, or nontraditional spending for amounts of $2,500 or greater. The Unit is confirming there is insufficient funding in the Unit to fully cover this expense.

All funding should be used within 90 days of approval unless otherwise indicated.

Request Date: _____ RSF #: _____

Requestor's Name: _____ Requestor's Dept: _____

Expense Type (Check all that apply)

☐ Travel (per UGA Travel Policy) ☐ Personnel (salary) ☐ Supplies

☐ Equipment (capital/non-capital) ☐ Contractual Services ☐ Other: _____

Is this request **research** related? ☐ Yes ☐ No

Description of Request & Business Justification:

Funding Amounts

Amount Requested from College: $_____

Matching / Department Funds: $_____

Total Funds Needed: $_____

Include cost supporting documentation when purchasing equipment, products, or materials
Examples: Vendor Quotes, Website Screenshots, etc.

Send completed form to facsbus@uga.edu
Subject: RSF for <<Department Name>> for <<Purpose>>

Revised 07.01.2026