

FAMILY & CONSUMER SCIENCES REQUEST FOR SPECIAL FUNDING

Date: _____ Dept _____ Requestor's Name: _____

Description of Request Including Justification:

Total Funds Needed: _____

Departmental Matching Funds: Yes No Matching Amount: _____

Amount Requested from the College if different from Total Funds Needed: _____

NOTE: Please attach supporting documents such as invitation to present paper or invoice if not requesting travel.

Requestor's Signature: _____

Department Head Signature: _____ Date: _____

Dean Office and BFO Use Only

Dean's Approval: Yes No

Amount Approved: _____

Source of Funding: _____

Dean's Signature: _____ Date: _____

Speedtype _____ Foundation Fund # _____ Chartfield1 _____

Action Taken by: Requestor Dept Bus Mgr BFO Deans Office Other

Comments:

Please email form to Dean Fox at fac dean@uga.edu with Special Funding Request, Dept, and Brief Description in Subject Title of Email