

RESEARCH, SCHOLARLY, AND CREATIVE ACTIVITY FACULTY FUNDING REQUEST

Please complete this form and obtain Department Head approval. Once request is approved by the Dean's Office 2132 Regnier, the purchases can be made through normal departmental procedures. Please attach a copy of approved form to each receipt. Funds are fiscal year specific and do not carry over. Any items purchased with these funds are property of the department/college/State of Kansas.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Request to be used for the following items/travel expenses: Amount:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total: \_\_\_\_\_

Please note if you have funds from your department or outside of the college supporting your activity. Amount:

_____	_____
_____	_____

Relevance to research agenda:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_