

APDESIGN TENURE-TRACK FACULTY FUNDING REQUEST FORM

Please complete this form and obtain Department Head approval. Once request is approved by the Dean your purchases can be made by normal department 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: _____ Department: _____ Date: _____

\$500 request to be used for the following items/travel expenses:	Cost:
_____	_____
_____	_____
_____	_____
_____	_____
Total:	_____

Please note that in order for the \$1,000 to be utilized, you must have matching funds outside of the college. Indicate other source of funds here:

_____	_____
\$1,000 request to be used for the following items/travel expenses:	Cost:
_____	_____
_____	_____
_____	_____
_____	_____
Total:	_____

Relevance to research agenda:

Faculty Signature: _____ Date: _____

Department Head: _____ Date: _____

Dean: _____ Date: _____