



Request for Funding from the Office of the Chancellor

AS901
08/06

Date: _____

Event/Program name			
Contact person			Phone# _____ Fax # _____
Event/Program date and location			
Number of attendees **guest list required**			
Total cost of event/program	\$		
Amount of funds requested	\$		
Nature/Purpose of event/program (Include how the University will benefit)			
Chancellor's role in event/program			

**Please submit request to room 156 Thomas Boyd Hall
a minimum of 30 days prior to event/program.**

Approvals	Signature	Title	Date
Requested by			____/____/____
Dean/Director			____/____/____

*****For Chancellor's Office Use ONLY*****

Approved:	Date:
Amount approved: \$	Account Number: