

Department of Teacher Education and Higher Education
SPECIAL PROJECT FUNDING REQUEST

DATE OF REQUEST: _____ REQUESTOR'S NAME: _____

SECTION A – FUNDING INFORMATION.

Amount Requested: \$ _____

SECTION B – PROJECT INFORMATION.

Please describe your project. Provide detailed itemization of how funding will be used.

Please indicate any of the items below that will be involved in your project.

Honorarium Payment

Contracted Services Payment

Reimbursement of expenses

Payroll

(hiring for a wage, include fringe charges for all employees except hourly)

INSTRUCTIONS:

Please complete form, save and send as an attachment to **Department Chair and Department Administrator**.
Your Special Project Funding Request will be reviewed by the Department Budget Committee.
You will be advised of the committee's decision.