

***Faculty Research Grant Funds Funds Request Form***

Name of Faculty Member:	
Faculty Member ID Number:	
Account Number:	220-0034-0686-0000
Payee:	Amount:
1.	1.
2.	2.
3.	3.
Explanation:	Send Check to:  <i>If Staff/Faculty:</i> <input type="checkbox"/> Campus Address <i>or</i> <input type="checkbox"/> Home Address

Check if paid by Pcard

INSTRUCTIONS TO FACULTY MEMBER: Present this form with receipts to your chair, who is to check the expenditure in relation to your Professional Development Plan and sign the form before sending it to Jill Moore, Assistant to the Dean of the Faculty.

**Office Use Only:**

**Approval:**

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**Dean of Faculty**

**Date**