

DEPARTMENTAL INITIATIVE REQUEST FOR APPROVAL

Date of request:			
Department		Contact:	
Activity or Event			
Date of Activity or Event			
Total amount Requesting(Not to exceed \$1,000)		\$	
Description of activity, objective and expected outcomes			
Participants(may add additional participants at time of claim)			
<i>Fulltime Faculty</i>	<i>Stipend</i>	<i>Adjunct Faculty</i>	<i>Stipend</i>
EC approval:		Date:	

Attach or include here a statement that the department supports this request.