

Department of Kinesiology and Health Science  
**REQUEST for FUNDING SUPPORT**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I request funding for:

- |                                                                                                                                                                           |                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Travel<br><input type="checkbox"/> Research<br><input type="checkbox"/> Laboratory Supplies<br><input type="checkbox"/> Professional Development | <input type="checkbox"/> Equipment/Supplies (Course No. _____)<br><input type="checkbox"/> Class Materials (Course No. _____)<br><input type="checkbox"/> Office (describe _____)<br><input type="checkbox"/> Other ( _____ ) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Vendor (& Website)	Description & Links	Cost
<b>Grand Total</b>		<b>\$</b>

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Account: \_\_\_\_\_

Approvers Signature: \_\_\_\_\_

Approved Amount: \_\_\_\_\_