

## **DOR Supplemental Funding Request Form**

Requestor Name:		Phone#:			Campus Address:		
Requestor is:	Faculty/Staff	☐ College/D	epartmen	t (Include Dean/Chai	r Memo)		
Denartment:			College				
Department.			conege.				_
Type of Request: [	7 Fauinment	□ Remodeling	/Renairs*	□ Faculty Hire	□ Staff Hire	☐ Travel ☐ Research Corp	
					_ 5		
<u>L</u>	IDC Return	☐ Other				*Must attach estimate from Facilities	
☐ FY Budget Increa	☐ Recurring Budget Item			☐ Annual Distribution			
Description/Justificsupport. Attach additional		rable: Include a) Be	nefit to the St	ate of Florida, b) Bene	fit to the Research	Mission, and c) Why current Budget canno	ot
Total Funding Requ	est Amount:	\$		Funding	Requested fro	om DOR: \$	
Duration of Commi							
List additional Fund	ding Sources:						
	Item Type (e.g. Salary, OPS,	Expense)	Source/T	AG#	Amount		
Department					\$		
College					\$		
Other VP Pillar					\$ \$		
Other					\$		
TOTAL					\$		
Signature(s) of	Requestor: _					Date:	
SU		is required with	this com	E OF THE VP oleted form. For s for review and	a template, cli	AD-10 Room 392 ick here.	
		7			230.0.0.		
☐ APPROVED	☐ DENI	ED					
AsstVP for Research	ch Finance:			Date:		_	
VP for Research: _			Date:				