

**OFFICE OF THE ASSOCIATE DEAN FOR UNDERGRADUATE STUDIES & CGS
REQUEST FOR DISCRETIONARY FUNDS**

Return to Russell Maiers (rrm13@pitt.edu)

Please submit your request at least four weeks prior to event.

| | | | |
|--|----------------------|---|--|
| Activity Date(s) | | Requestor/Faculty Sponsor | |
| Requestor/Faculty Sponsor E-mail Address | | Campus Phone | |
| Course Title | Course Number | Number of Undergraduate Students | |
| Description of activity and its academic value to the course or student's academic program. Attach additional supporting details. <i>Must demonstrate impact on undergraduate students.</i> | | | |
| Academic purpose of this activity | | | |
| <input type="radio"/> Faculty/undergraduate student interaction <input type="radio"/> Curricular initiative <input type="radio"/> Undergraduate student support | | | |
| Faculty Designation <input type="radio"/> T/TS <input type="radio"/> NTS <input type="radio"/> Other (please specify) _____ | | | |
| Other funding sources | | | |
| Source: _____ | | Amount: \$ _____ | |
| Source: _____ | | Amount: \$ _____ | |
| Source: _____ | | Amount: \$ _____ | |
| Amount Requested from the Office of the Associate Dean | | Budget (Attach Supporting Details) | |
| Lodging | | \$ _____ | |
| Registration fee | | \$ _____ | |
| Tickets/Entrance fee | | \$ _____ | |
| Transportation | | \$ _____ | |
| Other (please explain): _____ | | \$ _____ | |
| Total requested from the Office of the Associate Dean (not including funding requested from other sources) | | \$ _____ | |
| Payment (to be completed by Department's Fiscal Manager) | | | |
| Transfer funds to account number: _____ | | | |
| Online JE to transfer funds: <input type="radio"/> YES <input type="radio"/> NO | | | |
| Fiscal Manager's Signature: _____ | | Email address: _____ | |
| <i>All funds are subject to Associate Dean's approval -- Submitting a request does not guarantee funding for an event</i> | | | |
| Faculty Signature: _____ | | Chair/Director Signature: _____ | |
| Date: _____ | | Date: _____ | |

Signature/Associate Dean's Approval

Amount Approved

Date