**CHHS Request for Dean’s Funds**

**Amount Requested:**

**Description/ Justification of Request:**

Check at least one category:

\_\_\_\_\_ Travel (Employee Travel Authorization Form must be completed & approved before funds will be transferred.)

\_\_\_\_\_ Event Expense

\_\_\_\_\_ Equipment (Provide quote)

\_\_\_\_\_ Personnel (Student Employees)

\_\_\_\_\_ Grant Cost Share

\_\_\_\_\_ Research (Please submit a full proposal with itemized budget, justification, and outcomes)

\_\_\_\_\_ Misc. Other

Proposed implementation date:

Contact person:

Email:

Phone:

School or department:

**Forward completed form to department head/director for approval**

**Department Heads/Directors only:**

Comment on Proposal/ Request:

The department commits its own funds in the amount of: \_\_\_\_\_\_\_\_\_\_\_\_\_

Funding from other source(s): \_\_\_\_\_\_\_\_\_\_\_

**Return completed form to deirdre.greene@wku.edu or deliver to AC 208**

**Dean/Assoc. Dean’s office only:**

**Approved: \_\_\_\_\_\_\_\_\_\_(Yes/ No) Amount: \_\_\_\_\_\_\_\_\_\_**

**Budget Coordinator’s signature: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dean/Assoc. Dean’s signature: ­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

All expenditures should be within WKU financial policies: https://www.wku.edu/policies/finance\_administration.php