

**REQUEST FOR INTERNAL FUNDING 2022-2023**

[Please type; form is fillable. Return to Rob Eberts]

Name Date

|  |  |  |  |
| --- | --- | --- | --- |
| **Source (select one per application)**: | * SIG funds/

enhancement funds | * Chair’s Discretionary funds
 | * Conference Travel funds
 |
|  |  |  |  |

 □ Autonomy Funds □ Graduate Expansion funds

**Purpose of funds** (workshop support, conference travel, RA pay, equipment purchase, etc)**:**

Itemized estimate of expenses:

Total amount requested:

Funding from other sources, if any:

**Notes**

Chair signature

Date

Source

Amount awarded

**FOR DEPARTMENT USE ONLY**