

CPI Additional Funding Request

This form must be completed and submitted to your respective Dean or VP

College/Division: _____

Department Name: _____

Amount of funding requested: _____

Reason for funds (provide specific projects, tasks, extenuating circumstances, etc.): _____

Person requesting funds PRINTED name: _____

Signature: _____ Date: _____

Dept. Head PRINTED name: _____

Signature: _____ Date: _____

UBO PRINTED name: _____

Signature: _____ Date: _____

Dean/Vice President PRINTED name: _____

Signature: _____ Date: _____

Please submit the completed form to the CPI Office, Stop 8108