



## Departmental Funding Request Form

**(For requests falling outside or exceeding departmental budgets, to come out of discretionary funds.)**

**Employee(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Description & business purpose of requested funds:**

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**Budget:**

**Total Amount Requested:** \_\_\_\_\_

**Dates of use:** \_\_\_\_\_

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**Approval by Director:** \_\_\_\_\_

**Amount Approved (if other than amount requested):** \_\_\_\_\_

**Budget Source:** \_\_\_\_\_