OFFICE OF THE ASSOCIATE DEAN FOR UNDERGRADUATE STUDIES REQUEST FOR DISCRETIONARY FUNDS

Return to Maryellen Gannon (mhg19@pitt.edu)

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

Activity Date(s) Requestor/Faculty Sponsor E-mail Address		Requestor/Faculty Sponsor Campus Phone	
Description of activity and its academ supporting details. <i>Must demonstrate</i>			demic program. Attach additional
Academic purpose of this activity • Faculty/undergraduate student i Faculty Designation • T/TS •			 Undergraduate student support
Other funding sources			
Source:	Amount: \$		
Source: Amount: \$			
Source:		Amour	nt: \$
Amount Requested from the Office of	the Associate Dea	n Budget (Atta	ch Supporting Details)
Lodging		\$	
Registration fee			
Tickets/Entrance fee			
Transportation			
Other (please explain):			
Total requested from the Office of the (not including funding requested from the function of	Associate Dean		
Payment (to be completed by Department	nent's Fiscal Mana	ıger)	
Transfer funds to account number: _		···	
Online JE to transfer funds: o	YES O NO		
Fiscal Manager's Signature: Email address:			Email address:
All funds are subject to Associate D	Dean's approval S	Submitting a request	t does not guarantee funding for an event
Faculty Signatura:		Chair/Director Sign	ature:
Faculty Signature.		chair/Director Signa	