## OFFICE OF THE ASSOCIATE DEAN FOR UNDERGRADUATE STUDIES & CGS REQUEST FOR DISCRETIONARY FUNDS

Return to Maryellen Gannon (<u>mhg19@pitt.edu</u>)

<u>Please submit your request at least four weeks prior to event.</u>

Activity Date(s)		Requestor/Faculty Sponsor		
Requestor/Faculty Sponsor E-mail Address		Campus Phone		
Course Title	Course Number		Number of Undergraduate Students	
Description of activity and its academic value to the course or student's academic program. Attach additional supporting details. <i>Must demonstrate impact on undergraduate students</i> .				
Academic purpose of this activity  o Faculty/undergraduate student interaction o Curricular initiative o Undergraduate student support  Faculty Designation o T/TS o NTS o Other (please specify)				
Other funding sources				
Source:	Amount: \$			
Source:	Amount: \$			
Source:		Amount: \$		
Amount Requested from the Office of the Associate Dean Budget (Attach Supporting Details)				
Lodging		\$		
Registration fee	istration fee			
Tickets/Entrance fee		\$		
Transportation		\$		
Other (please explain):		\$		
Total requested from the Office of the Associate Dean \$				
Payment (to be completed by Departme		-		
Transfer funds to account number: Online JE to transfer funds: OYE		·	·	
Fiscal Manager's Signature:		Email address:		
All funds are subject to Associate Dean's approval Submitting a request does not guarantee funding for an event				
Faculty Signature:	Chair/Director Signature:			
Date:Date:				