

CSAM Request for Funding Form

This form is to be completed by CSAM students interested in travel, field study etc. or CSAM faculty & Programs looking to fund initiatives that fall outside their regular budgets.

Date: _____

Requestors' Information:

Organization Name: _____

Organization Address: _____

Requested By: _____

Phone Number: _____

Email: _____

Purpose of Request: (please attach description of initiative) (1 page maximum)

Amount Requested from Deans office: _____

Funds received from other UNBC sources (please identify amount and source): _____

Total Budget for Initiative: (please attach list, identifying all major items) _____

Requestors Signature: _____

Supervisor's Signature: (if applicable) _____

Dean's comments: _____

Dean's Signature: _____

Office Use Only:

Fund: _____ Org: _____ Acct: _____