## FLC FUNDING REQUEST

## AN APPROVED FUNDING REQUEST FORM MUST BE ON FILE

 2 WEEKS PRIOR TO PURCHASE/REQUEST OF ANY ITEMS OR EVENTS.Email this completed form to the Office of the Provost, attn: Angela Lookabill (amlookabill@salisbury.edu).

| Date of Request: |  |
| :--- | :--- |
| FLC Name: | $\square$ |
| Submitted By: | $\square$ |

Type of funding requested:MaterialsMeeting Refreshments *EventOther - please describe: $\qquad$
Amount Requested: $\square$
Will this be areimbursement or aprepayment?

Purpose of expense:
$\square$

* Cost of meeting refreshments may not exceed SU Foundation per diem rates. Per diem rates include tax and tip. Rates can be found here: https://www.salisbury.edu/administration/administration-and-finance-offices/financial-services/accounts-payable-and-travel/meal-rates.aspx

PROVIDE THE FOLLOWING INFORMATION FOR MEETINGS AND EVENTS.
Event Date and Time:
Names of expected participants:

| For use by the Office of the Provost only. |  |  |  |
| :--- | :--- | :--- | :--- |
| Amount | Approved: | Dept. Code | Approved / Date |

