

DEPARTMENT OF PSYCHOLOGY
Eastern Michigan University
Request for Departmental Funding/Support

Name: _____ EID: _____

Address for Reimbursement: _____

Level: _____ Faculty _____ Student: Doctoral Master's Undergraduate

Check one: _____ Initial Request for 20__ - 20__ fiscal year
 _____ Supplemental Request for 20__ - 20__ fiscal year

Total amount requested: \$ _____

Please check which of the following category(s) apply to your request:

____ Travel Reimbursement ____ Books/Equipment/Software ____ Other

Conference/Workshop: _____

Location: _____ Dates Attending: _____

It is **expected** that you will be applying to one or more of the following sources for funding as part of this request: **Dean's Office, Graduate School, Provost's Office, or an external agency.**

Other funding pending or received (check all that apply):

Dean's Office Graduate School Provost's Office Other

Amount applied for or received:

Student research requests – have you received any prior research money from the Department Yes No

Instructions:

1. Please provide an **estimate** of the expenses that you will incur with this request.
2. A written statement to support your request will need to accompany this form.
3. Any **initial requests** which maximizes your chances for funding, is due by the third Tuesday in September. All **supplemental requests** are due the third Tuesday of the month to the Chair of the Finance Committee.

Important Note:

All receipts and paperwork must be submitted within 5 days of travel to the Senior Secretary, along with any award letters from other sources for reimbursement.

For Office Use Only:

Total Amount Awarded: _____ ORG # _____ Amount Awarded: _____

FINANCE CHAIR SIGNATURE _____ DATE: _____

DEPT HEAD SIGNATURE _____ DATE: _____