Request EAS Funding (REF) Form

ONLY TYPED FORMS ACCEPTED.

This form is required when using department cost centers and must be approved by the EAS Chair.

Any item(s) not approved in advance will be disallowed and incurred at the requestor's expense.

Date: _____

First name: _____

Last name: _____

Funding for (check all that apply): **Travel** ☐ **Purchase** ☐ **Payroll** ☐ **Other (describe in box):** ☐

Funding amount requested, not to exceed: $_____

Detailed description of request(s) and purpose(s):

Justification of why department should cover EACH of these costs and the benefit to UH:

BUDGET REQUESTED

Expense description:	Estimated cost:	*FOR EAS CHAIR ONLY:* *Approved amount:*	*Cost center:*
Example: Airfare	Example: $500		
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	
TOTAL cost:	$		

Total amount approved: *$*_____

Requestor's signature: _____ **Date:** _____

EAS Chair signature: _____ **Date:** _____

EAS DBA signature: _____ **Date:** _____