

Funding Commitment Request Form

Department/College/Organization Name:		
Date:	Amount Requested: Total Cost:	
Type of Commitment: *Click on the appropriate type, more than one option may be selected GA/DA Part-Time *If other, please explain below:		duy-Out Other
ii other, please explain below.		
Source of other funding and dollar amounts expected:		
	ds are being requested. How will this benefit students, facult e any email correspondence related to this request.	y and staff in the
Fund/Cost Center to transfer funds:		
rund/cost center to transfer funds.		
Name of Requester: Chair's Signature:	Phone: Date:	
Email the completed form to coas-budget@)wmich.edu	
******* DO NOT WRIT	TE BELOW THIS LINE. DEAN'S OFFICE USE ONLY *********	******
Approved: Auth	horized Amount: Denied:	
Dean's Comments (including funding sour	ce):	
Dean's Signature:	Date:	

^{**}Requester will be notified by the CAS Budget Office of approval or denial via email.**