

University of North Texas at Dallas

STRATEGIC INITIATIVE FUNDING REQUEST FORM

Requester Name:

Department ID:

Strategic Plan Key Results:

Enrollment

Employee Employment

Graduation

Financial-Health

Post-Graduation

Request Description (provide justification):

Expense Amounts Items (provide dollar amounts):

Wages:

Capital Exp:

Materials & Supplies:

Rental Exp:

Professional Fees & Svcs:

Commun & Utilities:

Other Operating:

Printing & Reproduction:

Travel:

Oper Lease/ Software:

Scholarship Exp

Total Requested Amount:

Signatures

Requestor:

Date:

Funding Department Manager:

Date:

Once form is fully executed, send to your Vice President by February 28th.