

FUNDING REQUEST

Department:				Date:					
Project (Pro	oposal) Nam	e:							
Project Beginning Date:			Project	Project Ending Date:					
Total Cost of Project:(See #3 below.)			Amour	Amount Requested:					
Your Index (<mark>Non I&G Ind</mark> Please provid	l <mark>ex</mark> required for	transfer)	nclude as attachm	(If known	t#)				
				Title					
Project Mo	r/Contact								
i roject wig	i/Contact		Name		Title				
Email Address:				Phone #:					
Instructions: 1.		ption (1-3pgs) of th	e goals, timelines,	target population, an	d the benefits to the	e students, depart	ment, UNM and/or		
2.		ubmit the attached Proposed Budget worksheet to include all costs (supplies, equipment, printing, travel, etc) and to list other nding sources and approximate amounts.							
3.		the project benefit		roject report within Imber of participants					
		DLEACE		O (2) WEEKS	TO DDOCES	C			
	Pr			to the Project Manag					
This Fundi	ng Request f	or				has	been approved.		
			Project Name						
Dr. Eliseo	Torres, Vice Pr	esident for Student	Affairs			Date			
	Oj	fice Use Only:	VPSA	Pepsi	NM Plan	Other			

PROPOSED BUDGET

Name of Project:		
LIST EXPENSES (See instruction 2)	AMOUNT	JUSTIFICATION (Relation to project)
	TOTAL PROJEC	CT COST:
THER FUNDING SOURCES		AMOUNT
ignature of Project Manager		Date
.gure of 110joot framagor		2 mc
ignature of Department Supervisor		Date