# Dean's Fund Purchase Request

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|---|---|---|---|
| **Name** | | **Department** | |
| **Phone** | | **Date** | |
| **Email** | | **Amount Requesting** | |

**This form is required for all purchases being made by the Dean's Fund. A check request without prior approval will be denied. If approved, original receipt(s) are required. Please reach out to Kim Thompson with any questions or concerns.**

Supervisor's Name:

Supervisor's Email:

Has the Dean supported this request in the past?

◯ **Yes** ◯ **No**

What category is this request associated with?

- ☐ **Meals**
- ☐ **Entertainment**
- ☐ **CE**
- ☐ **Travel (Please breakdown the costs in the box below)**
- ☐ **Merchandise**
- ☐ **Other:**

Who does this request benefit?

- ☐ **Faculty**
- ☐ **Alumni**
- ☐ **Students**
- ☐ **Other:**
- ☐ **Staff**

Please provide a detailed description of your request:

## To be filled out by Dean's Office

Approved ☐ **Yes** ☐ **No**

Notified by: _____

Date Notified: _____