

Prior Approval for Special Expenses

Please complete all applicable fields. Prior approval is required before any commitments are made, or expenses incurred, for certain items or payment/reimbursement may be denied. Please refer to the “Addendum to Research Residual Funds Policy and Procedures” for prior approval requirements.

Contact Name _____ Email _____ Phone# _____

Explain in detail the business purpose and how it benefits your unit/department (use additional sheet if necessary):

Total amount requested: \$ _____ Project #: _____

Attach any supporting documentation to this request and submit to Deborah.Maloney@cvre.org

Approvals

I certify I have read the CVRE Research Residual Funds Policy and Procedure and confirm the above expense comply with this policy and the addendum:

_____	_____	_____
Principal Investigator (print)	Signature	Date
_____	_____	_____
Requestor (print, if applicable)	Signature	Date
_____	_____	_____
Executive Director, CVRE	Signature	Date