Faculty Supplemental Instructional Supply Fund Application
Effective: January 2012

The intent of this application is to augment normal program or academic unit operating funds. Funds from this program will be utilized to support the instructional needs of faculty. A list of funding priorities is provided below.

For more information or assistance, please contact your Division Coordinator.

Name: ____________________________ Date of Application: ____________________

Amount Requested: _______________ Academic Division: _______________

Title of Request – Name of this request that best describes the items or equipment you are requesting.

Statement of Purpose – Describe the purpose of your request. Please provide any supporting information that demonstrates the need for this request to be approved. Include the campus course offerings that this request will support.

________________________________________________________________________

________________________________________________________________________

Detail of Request – Provide a listing of the item(s) requested. Please include an estimation of shipping costs, if applicable. Attach quotes or equipment lists if necessary.

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Shipping
Total

Approvals

Division Coordinator (circle one and sign): __________________________

Recommended Not Recommended Date

Approved Not Approved

Dean (circle one and sign): __________________________

Comments: ____________________________________________

Provide Copy to Ohio University-Chillicothe Accountant

Ohio University-Chillicothe

Issued: January 01, 2012