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. 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 or academic program 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 available.

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Item Description</th>
<th>Item Amount</th>
<th>Extended Amount</th>
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Shipping
Total

Approvals

Division Coordinator (circle one and sign): ___________________________  Recommended  ___________________________  Not Recommended  ___________________________  Date  ___________________________

Dean (circle one and sign): ___________________________  Approved  ___________________________  Not Approved  ___________________________  ___________________________

Comments: ______________________________________________________

Provide Copy to Ohio University-Chillicothe Accountant