



**OHIO**  
UNIVERSITY  
Chillicothe Campus

**Faculty Supplemental  
Instructional Supply Fund  
Application**  
Revised: June 2015

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.

Quantity	Item Description	Item Amount	Extended Amount
		<b>Shipping Total</b>	

**Approvals**

Division Coordinator (circle one and sign):	<b>Recommended</b>	<b>Not Recommended</b>	<b>Date</b>
	_____	_____	_____
Dean (circle one and sign):	<b>Approved</b>	<b>Not Approved</b>	
	_____	_____	
Comments:	_____		

*Provide Copy to Ohio University-Chillicothe Accountant*