Office of the Chancellor  
Funding Request Form

Name of Requestor: ____________________________  Date of Request: ________________

Department/Organization Originating Request: ________________________________

Account/FAU that will receive/expend funds: ________________________________

Business Officer Contact Name/E-mail: ________________________________

**Description of Request**  
**Total Amount Requested:** ________________

Why is funding being requested from the Office of the Chancellor (eg, why this cannot be covered by other operating funds)?

How does this funding request meet the mission of the University of teaching, research and public service?

Has funding been granted from the Office of the Chancellor for this item previously?

Yes  No  If yes, in which fiscal year?

If this expense will be recurring, please describe your plans for funding it in the future.

In the space below, please provide a detailed breakdown of expenses associated with this request or attach back-up documentation that contains further detail.

Requestor Signature: ______________________________________  Date: ________________

Vice Chancellor/Dean Signature: ______________________________________  Date: ________________

*Please acquire signature of applicable VC/Dean and submit to kgarner@ucmerced.edu.  
For student requests, please acquire signature of Dean of Students/AVC for Student Affairs.*