

COVID-19 Recovery Block Grant

DATE

DATE NEEDED

REQUESTOR NAME

TELEPHONE

EMAIL

DEPARTMENT / PROGRAM NAME

VENDOR NAME

DELIVER TO (ROOM, BLDG #)

**SUBMIT STUDENT RETENTION & ENROLLMENT Funding Request with:**

- REQUISITION REQUEST: REQUISITION FORM, QUOTE OR INVOICE
- REIMBURSEMENT REQUEST: REVOLVING CASH FUND REQUEST AND RECEIPTS
- PAYROLL REQUEST: PASS OR NANCE SHEET WITH PROJECTION SHEET

**JUSTIFICATION / REASON FOR REQUEST**

**SUPPLIES, SOFTWARE, MARKETING, SERVICE (guest speaker), STUDENT ACTIVITIES REIMBURSEMENT REQUEST**

PROVIDE A STATEMENT EXPLAINING THE PURPOSE FOR THE PURCHASE AND HOW IT RELEATES TO STUDENT RETENTION & ENROLLMENT FUNDS (Provide timeframe if software or services):

**PAYROLL REQUEST**

PROVIDE A STATEMENT EXPLAINING THE PURPOSE OF ASSIGNMENT AND HOW IT RELEATES TO STUDENT RETENTION AND ENROLLMENT FUNDS (Provide Name of Employee, time-frame, Department):

**APPROVAL:**

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VICE PRESIDENT	DATE