REQUEST to UTILIZE IFO PROFESSIONAL STUDY and TRAVEL FUNDS (19B Funds)

→	This fully-approved form m	ust be uploaded to	o any/all correspon	ding Workday Spend	d Authorization(s).
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- → A Spend Auth must be fully approved before a staff person may assist with purchases and/or vehicles.
- → Attach quotes or evidence of pricing/cost.

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Name of Faculty Member Requesting the Use of Funds					
Faculty Member's Program					
Faculty Member's School / Department					
Name(s) of Staff that may Assist with Purchase/Vehicle					
Account Number/Name for Spend/Expense					
Total Anticipated Estimate of the Spend/Expense					
Vendor Name(s)					
Item(s) Requested Include mode(s) of payment and/or reimbursements, descriptions & evidence of expenses. Use pg 2 if necessary.					
Faculty Signature	Date				
Name of Chair					
Chair Signature	Date				
	With signature, the Chair indicates:				
	* There are sufficient funds in the account to cover the request.				
	* The purchase aligns with Article 19, Section B, Subd 3, and is approved by the Department.				

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