

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

- **A fully-approved copy of this form must be provided to each staff person assisting with the purchase.**
- **A fully-approved copy must be uploaded to any/all corresponding Workday Spend Authorization(s).**

Name of Faculty Member Requesting the Use of Funds	
Faculty Member's Email	
Faculty Member's Academic Program	
Faculty Member's School / Department	
Name(s) of Staff Assisting with Spend/Expense	
Account Number for Spend/Expense	
Total Anticipated 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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