

Incidental Fee Committee
Enhancement Request

Date _____

Department _____

Index _____

Amount Requested \$ _____

FY _____

Contact Information:

Name _____

Position _____

E-mail _____

Phone _____

One-time

S&S

Travel

Personnel

Capital/Other

Purpose of request:

Attach all applicable documentation including a detailed breakdown of the request.

DO NOT INCLUDE ADMINISTRATIVE OVERHEAD

Approved _____ **Denied** _____ **Amount \$** _____